

WILCOTT, JAMES B.	25798
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SECRET

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 025708		2. NAME (Last-First-Middle) WILCOX JAMES B. JR				21 Apr 66	
3. NATURE OF PERSONNEL ACTION RESIGNATION *				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 15 66		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V C TO V X C TO C		7. COST CENTER NO. CHARGE 6135 1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDF/AH USFIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH				10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE FISCAL ACCT ASST				12. POSITION NUMBER 1360		13. CAREER SERVICE DESIGNATION SF	
14. CLASSIFICATION SCHEDULE (GSA 2.5) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4		17. SALARY OR RATE \$ 6890.	
18. REMARKS * Staff Employee Special Subject is re-employable Resignation Memo Attached 4/26/66 CSA/SA E. Smith							
19. SIGNATURE OF REQUESTING OFFICIAL Robert D. Gishman, SA/Pers				DATE SIGNED 22 April 66		DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRATE CODE	24. MONTHS 2	25. DATE OF BIRTH 29 12 31	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 2-PCA 3-NONE	31. SEPARATION DATA CODE 1 60 00 15	32. CORRECTION CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ NO.	34. SEX
35. VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. CAREER CATEGORY CAR RESY PROV. TEMP	39. FEGLI-HEALTH INSURANCE CODE 0-WAIVER 1-YES	40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NO PREVIOUS SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	
45. POSITION CONTROL CERTIFICATION 050966 N				46. SP APPROVAL 3		DATE APPROVED 5/10/66	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

14.

SECRET

EMPLOYEE NOTICE OF RESIGNATION

RESIGN EFFECTIVE

15 MAR 66
(Date)

FOR THE FOLLOWING REASON:

MAY 9 10 10 AM '66

MAIL ROOM

Oct 1966

MY LAST WORKING DAY WILL BE—

DATE SIGNED

SIGNATURE OF EMPLOYEE

Richard M. M. M.

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

INSTRUCTIONS

Items 1 thru 7
and
Items 9 thru 18aThe initiating office should fill in each of the referenced items. Items 1 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and *NOT* to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

Regular

Part Time

Temporary

Temporary-Part Time

Semmer

Detail Out

Detail In

WAE

Consultant

Military

Item 9 — "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

FIRST LINE

Major Component (Director, Deputy Director, etc.)
Office, Major Staff, etc.

Foreign Field or U.S. Field (if pertinent)

Division or Staff (subordinate to first line)

Branch

Section

Unit

MAY 10 10 01 AM '66
OFFICE OF PERSONNEL
RECEIVED

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the *gaining Career Service* should approve and the other Career Service should concur in Item 18, Remarks.ROUTING— The original only of this form will be forwarded to the Office of Personnel *through* the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.

SECRET

SECRET

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 025793				2. NAME (Last-First-Middle) WILCOTT, James B., Jr.	
3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT * <i>62200</i>			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 12 1965		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V C TO V			7. COST CENTER NO. CHARGE 6135-1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS ITP/WH U.S. Field WH/C JMWAVE Deputy Chief of Station for Operational Support Finance Branch			10. LOCATION OF OFFICIAL STATION JMWAVE		
11. POSITION TITLE FISCAL ACCT. ASST. (SF)			12. POSITION NUMBER 1369		13. CAREER SERVICE DESIGNATION SF
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS (07)		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 (4)	
17. SALARY OR RATE \$ 6890					
18. REMARKS *Staff Employee Special. #109301					
19A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Pers.		DATE SIGNED 12/1/65		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER 16 Nov 65	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 13	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 51550 WH	22. STATION CODE 99999	23. INTEGRITY CODE	24. MOODS CODE 0929/31
25. DATE OF BIRTH MO DA YR 09/15/63	26. DATE OF GRADE MO DA YR 09/13/64	27. DATE OF LST MO DA YR 09/13/64	28. DATE OF LST MO DA YR 09/13/64		
29. UFE EXPIRES MO DA YR	30. SPECIAL REFERENCE	31. RETIREMENT DATA 1-ESC 2-FICA 3-BORSE	32. SEPARATION DATA CODE	33. CORRECTION, CANCELLATION DATA TYPE MO DA YR	34. SECURITY REQ NO.
35. VET PREFERENCE CODE 1	36. SERV COMP. DATE MO DA YR 06/26/53	37. LONG COMP DATE MO DA YR 04/57	38. CAREER CATEGORY LAW RESU PROV TEAP	39. FEDERAL/HEALTH INSURANCE CODE CODE B-WAIVER 1-YES	40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1	42. LEAVE CAT CODE 6	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO	44. STATE TAX DATA FORM EXECUTED CODE NO TAX STATE COOP 1-YES 2-NO	45. POSITION CONTROL CERTIFICATION 12-2065 H	
46. APPROVAL 11/17/65				DATE APPROVED	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

14.

SECRET

(If box filled in)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 025798						2. NAME (Last-First-Middle) Hickell, James B. Jr.	
3. NATURE OF PERSONNEL ACTION RESIGNATION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 1 65		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V C TO V X O TO O		7. COST CENTER NO. CHANGE 6135-1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DPP/WH U.S. Field WH/C JMWAVE Deputy Chief of Station for Operational Support Finance Branch				10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE FISCAL ACCT. ASST.				12. POSITION NUMBER 1369		13. CAREER SERVICE DESIGNATION SF	
14. CLASSIFICATION SCHEDULE (GS, LA, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 (4)		17. SALARY OR RATE \$ 6990	
18. REMARKS							
18A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Pers.				DATE SIGNED 11/1/65		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Hickell, James B. Jr.	
DATE SIGNED 11/1/65				DATE SIGNED 11/1/65			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 72/10		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	
23. INTEGRAL CODE		24. MONTHS CODE		25. DATE OF BIRTH MO DA YR 09 27 131		26. DATE OF GRADE MO DA YR	
27. DATE OF LEI MO DA YR		28. SPECIAL REFERENCE		29. RETIREMENT DATA 1-CSE 2-FICA 3-NONE		30. SEPARATION DATA CODE 1-YES 2-NO	
31. SECURITY REQ. NO.		32. SEX		33. EOD DATA		34. DATE OF LEI	
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY CODE 0-NONE 1-YES 2-NO	
39. FEDERAL HEALTH INSURANCE CODE 0-NONE 1-YES		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NO PREVIOUS SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE	
43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO		44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO		45. NO TAX EXEMP.		46. STATE CODE	
47. POSITION CONTROL CERTIFICATION 12-20-65 TV				48. O P APPROVAL		49. DATE APPROVED 11/1/65	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

14

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 15 April 1965	
1. SERIAL NUMBER 035793		2. NAME (Last-First-Middle) [REDACTED] Shillett, James B					
3. NATURE OF PERSONNEL ACTION EXERCISED APPOINTMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 25 65		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V C TO V		V TO C C TO C		7. COST CENTER NO. CHARGE ABLE 5135-1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. OCCUPATIONAL DESIGNATIONS ISP/Special Affairs Staff U.S. Field Forward Operations Station - JMWAVE Deputy for Support Finance Branch				10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE FISCAL ACCT. ASST.				12. POSITION NUMBER 1030		13. CAREER SERVICE DESIGNATION SE	
14. CLASSIFICATION SCHEDULE (GS, FS, PL, etc.) GS		15. OCCUPATIONAL SERIES 0001.03		16. GRADE AND STEP 07 (E)		17. SALARY OR RATE \$ 6650	
18. REMARKS Subject replacing Wm. C. JUCENTUAL, rotating to Headquarters latter part of May 1965. C-03-60 Record 65 OVERLAP 18 Bedmond 8/1/65 22 June 65 Concur: [Signature] 4/1/65 PS 14 A							
18A. SIGNATURE OF REQUESTING OFFICIAL [Signature]				DATE SIGNED 15/4/65		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	
18C. SIGNATURE OF [Signature]				DATE SIGNED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 13	20. EMPLOY CODE 10	21. OFFICE CODING MUNICIPAL 4960 ALPHABETIC SAS	22. STATION CODE 99999	23. INTEREST CODE	24. HQ/RTS CODE 2	25. DATE OF BIRTH MO DA YR 09 17 31	26. DATE OF GRADE MO DA YR 09 15 63
27. DATE OF LEI MO DA YR 09 13 64	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE 1-ESC 3-FICA 5-NONE	30. RETIREMENT DATA CODE 1	31. SEPARATION DATA CODE	32. CORRECTION-CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ NO 00000	34. SER M1
35. VET PREFERENCE CODE 1	36. SERV. COMP DATE MO DA YR 06 26 63	37. LONG COMP DATE MO DA YR 09 04 57	38. CAREER CATEGORY CAR. RES. PROG. TEMP C	39. FEDERAL HEALTH INSURANCE CODE 1	40. SOCIAL SECURITY NO		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1		42. LEAVE CAT CODE 6		43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO 0		44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO 0	
45. POSITION CONTROL CERTIFICATION 4-26-65 HT				46. O.P. APPROVAL [Signature]		DATE APPROVED 20 APR 1965	

FORM 1152-6-63 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								19 April 1965	
025795		WILCOFF, James B., Jr.									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT			
Resignation					MONTH DAY YEAR 04/24/65			Regular			
6. FUNDS		X V TO V				V TO CF		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
		CF TO V				CF TO CF		5271-0003			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDS OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section					Washington, D. C.						
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION			
Finance Assistant					0470			SF			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE			
GS			0510.16		07-4			6650			
18. REMARKS											
1cc - Security 1cc - Payroll											
19a. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19b. SIGNATURE OF CIVIL SERVICE APPROVING				DATE SIGNED	
James B. Wilcoff, Jr.				19 APR 1965		Act. Director of Finance				1 APR 1965	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMP. CL. CODE		21. OFFICE CODING		22. STATION CODE		23. INTEREST CODE		24. MOD. PS. CODE	
45 10				NUMERIC ALPHABETIC						1 09/27/31	
25. DATE OF BIRTH		26. DATE OF DEATH		27. DATE OF LEA		28. DATE OF SEPARATION		29. DATE OF CANCELLATION		30. SECURITY REQ. NO.	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
31. RET. EXP. RES.		32. SPEC. REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION/CANCELLATION DATA		36. SECURITY REQ. NO.	
MO. DA. YR.				1 = CSC 2 = FICA 3 = NONE		CODE		CODE		CODE	
						1800098/1					
37. VET. PREFERENCE		38. SERV. COMP. DATE		39. LONG. COMP. DATE		40. CAREER CATEGORY		41. FEEL. / HEALTH INSURANCE		42. SOCIAL SECURITY NO.	
CODE		MO. DA. YR.		MO. DA. YR.		CODE		CODE		CODE	
0 = NONE 1 = 5 yr. 2 = 10 yr.						CAR/RESV PROV/TEMP		0 = neither 1 = YES			
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT. CODE		45. FEDERAL TAX DATA				46. STATE TAX DATA	
CODE				CODE		CODE				CODE	
0 = NO PREVIOUS SERVICE 1 = NO PAYOR IN SERVICE 2 = PAYOR IN SERVICE (LESS THAN 3 YRS) 3 = PAYOR IN SERVICE (MORE THAN 3 YRS)						FORM EMPLOYED 1 = YES 2 = NO				FORM EMPLOYED 1 = YES 2 = NO	
47. POSITION CONTROL CERTIFICATION						48. D.P. APPROVAL			49. DATE APPROVED		
4-26-65/H									22 APR 1965		

DLB: 27 APR 65

DEF						NOTIFICATION OF PERSONNEL ACTION	
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)					
025798		WILCOTT JAMES B JR					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
RESIGNATION				NO. DA TB 04 24 65		REGULAR	
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE	
X		CF TO V		CF TO CF		8. CSC OR OTHER LEGAL AUTHORITY	
						5277 0003 0000	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
FINANCE ASSISTANT				0470		SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0510.16		07 4		6650	
18. REMARKS							
SIGNATURE OR OTHER AUTHENTICATION							

REQUEST FOR PERSONNEL ACTION							DATE PREPARED	
							15 September 1964	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						
025798		WILCOTT, James Bernard, Jr.						
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT		
Reassignment & Transfer to Vouchered Funds				MONTH DAY YEAR 16 11 64		Regular		
6. FUNDS		V TO V		V TO CF		7. LEGAL AUTHORITY (Completed by Office of Personnel)		
X		CF TO V		CF TO CF		5277-0003		
8. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION				
DDS OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				Washington, D.C.				
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
Finance Assistant				6470		SF		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS		0510.16		0714		\$ 6650		
18. REMARKS								
From: FE [] Security Approval Granted by Pers. SB/OS 9/21/64 CONCUR: [] [] FE/Personnel J. B. Wilcott Oct 10/1/64 lcc - Sec lcc - Payroll w/ Forms W-4 and								
19A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		DATE SIGNED		
Acting Chief, C&T Division				[] Acting Officer - Finance				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE		20. EMPLOY CODE		21. SERVICE CODING		22. SEPARATION DATA		
16 16		12-00 FSC RACB		23. INTEREST CODE		24. HOOPS CODE		
25. DATE OF LEI		26. DATE OF DEATH		27. DATE OF LEI		28. SECURITY REQ. NO.		
NO. DA. YR.		NO. DA. YR.		NO. DA. YR.		NO. DA. YR.		
09/27/61								
29. INT. PREFERENCE		30. SENIORITY		31. SOCIAL SECURITY NO.		32. STATE TAX DATA		
CODE		CODE		CODE		CODE		
0 = NONE 1 = 5 yr. 2 = 10 yr.		0 = NONE 1 = 5 yr. 2 = 10 yr.		0 = NONE 1 = 5 yr. 2 = 10 yr.		0 = NONE 1 = 5 yr. 2 = 10 yr.		
33. PREVIOUS GOVERNMENT SERVICE DATA		34. FEDERAL TAX DATA		35. STATE TAX DATA		36. SOCIAL SECURITY NO.		
CODE		CODE		CODE		CODE		
0 = NO PREVIOUS SERVICE 1 = NO BREAK IN SERVICE 2 = BREAK IN SERVICE LESS THAN 5 YRS 3 = BREAK IN SERVICE MORE THAN 5 YRS		0 = YES 1 = YES 2 = NO		0 = YES 1 = YES 2 = NO		0 = YES 1 = YES 2 = NO		
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL				
from FE B Oct 10/1/64				DATE APPROVED				
				10 oct 64				

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 025798				2. NAME (Last-First-Middle) WILCOTT, JAMES P., JR.	
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH 09 DAY 15 YEAR 63		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS		7. COST CENTER NO. CHARGEABLE 4137-7351-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP FE FE/JKO SUPPORT STAFF			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE FISCAL ACCT ASST			12. POSITION NUMBER 3167		13. CAREER SERVICE DESIGNATION SF
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 03	
17. SALARY OR RATE 5,910					
18. REMARKS FROM: GS- 6 step 4 FOR FURTHER INFO, CALL X5271					
19A. SIGNATURE OF REQUESTING OFFICIAL LEE AUSTIN, CFP/PERSONNEL			DATE SIGNED 05 SEP 63		DATE SIGNED 9/11/63
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 45370FE	22. STATION CODE 3877	23. INTEREST CODE 3	24. MONTHS 09/27/31
25. DATE OF BIRTH MO DA YR 09 27 31	26. DATE OF GRAD MO DA YR	27. DATE OF LEI MO DA YR	28. SECURITY REQ. NO.		
29. DATE EXPIRES MO DA YR	30. SPECIAL REFERENCE 1 - CCC 2 - FICA 3 - NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SEX	
34. NET. PREFERENCE CODE 0 - NONE 1 - 5 YR. 2 - 10 YR.	35. SERV. COMP. DATE MO DA YR	36. LONG. COMP. DATE MO DA YR	37. CAREER CATEGORY CODE 0 - BRIVER 1 - YES	38. REG. 1 / HEALTH INSURANCE HEALTH INS. CODE	
39. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		40. LEAVE CAT. CODE	41. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO		42. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO
43. POSITION CONTROL CERTIFICATION W. Kearney 09/13/63			44. O.P. APPROVAL		DATE APPROVED 13 SEP 63

FORM 1152 OBSOLETE PREVIOUS EDITIONS
4-62 AND FORM 1152A.

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 025798		2. NAME (Last-First-Middle) Killett, James H., Jr.								13 October 1961	
3. NATURE OF PERSONNEL ACTION Promotion					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 12 61			5. CATEGORY OF EMPLOYMENT Regular			
6. FUNDS		6 TO V		V TO CF		7. COST CENTER NO. CHARGE-ABLE 2137-7301-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
		CF TO V		CF TO CF							
9. ORGANIZATIONAL DESIGNATIONS DDF/FE FE/JAO - Support Staff - TOKYO					10. LOCATION OF OFFICIAL STATION 						
11. POSITION TITLE Fiscal Acct Asst					12. POSITION NUMBER D-07		13. CAREER SERVICE DESIGNATION SF				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 6 4		17. SALARY OR RATE 5,325				
18. REMARKS Promotion from GS-5, Step 5 to GS-6, Step 4											
19A. SIGNATURE OF REQUESTING OFFICIAL K. L. Shobe, JCS, PERS					DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER E. N. SAUNDERS, Comptroller			DATE SIGNED 10/19/61	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 22 10		20. EMPLOYEE CODE 56382 FE		21. STATION CODE 37587		22. RETIRE CODE		23. DATE OF BIRTH 3 09 12 73		24. DATE OF GRADE 11 12 61	
25. DATE EXPIRES		26. SPECIAL REFERENCE		27. RETIREMENT DATA 1 - LSC 2 - FICA 3 - NONE		28. SEPARATION DATA CODE		29. CORRECTION/CANCELLATION DATA EOD DATA		30. SECURITY REQ. NO.	
31. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		32. SEPA. COMP. DATE		33. LONG. COMP. DATE		34. MIL. SERV. CREDITED 1 - YES 2 - NO		35. FEEDBACK / HEALTH INSURANCE CODE 0 - NO-VER 1 - YES		36. SOCIAL SECURITY NO.	
37. PREVIOUS GOVERNMENT SERV. DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 12 MOS 3 - BREAK IN SERVICE MORE THAN 12 MOS				38. LEAVE CAT. CODE		39. FEDERAL TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO			40. STATE TAX DATA FORM EXEMPTED 1 - YES 2 - NO		
41. POSITION CONTROL CERTIFICATION 11/02/61					42. O.P. APPROVAL 11/3/61			43. DATE APPROVED 11/3/61			

SECRET



APPLICATION FOR MEMBERSHIP
in the CAREER STAFF of the
CENTRAL INTELLIGENCE AGENCY

To the Director of Central Intelligence

Sir:

I submit herewith my application for membership in the Career Staff of the Central Intelligence Agency as defined below:

"The Career Staff of the Central Intelligence Agency is a group of carefully selected and trained individuals who accept an obligation to devote themselves to the needs of the Agency, and who intend to make a career with the Agency."

In accordance with this definition, I desire to devote myself to the faithful performance of duty in the Central Intelligence Agency, and I accept the obligations and conditions of that service which are determined to be essential to the furtherance of its mission.

I am aware of the many restrictions necessarily placed upon me by virtue of the security requirements inherent in my employment by the Central Intelligence Agency. I am also aware that as a member of the Career Staff, it will be my obligation to serve anywhere and at any time and for any kind of duty as determined by the needs of the Agency, and I have been assured that in order to carry out this policy, full consideration will be given to my particular capabilities, interests, and personal circumstances. By virtue of this application for membership and upon my acceptance in the Career Staff, I am assured that, with continuing satisfactory work performance and conduct on my part, just and equitable attention will be accorded my personal progress during my tenure in the Career Staff. I am also assured that, on my satisfactory completion of any assignments, I will be offered reassignments which are compatible insofar as possible with my abilities and career interests, and that I shall be entitled to the benefits now available or to be made available in the future to members of the Career Staff of the Central Intelligence Agency.

MEMBERSHIP IN THE CAREER STAFF OF
THE CENTRAL INTELLIGENCE AGENCY
APPROVED, TO TAKE EFFECT 4 MAR 1960

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE:
EXECUTIVE DIRECTOR
THE CIA SELECTION BOARD

James H. Wilcott Jr.
(Signature)

12/11/59
(Date)

Daniel C. Knapp

SECRET

REQUEST FOR PERSONNEL ACTION												
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex	
		Wilcott, James E., Jr.				Mo. Da. Yr.			None-0 5 Pt-1 10 Pt-2		Code	
7. SCP		8. CSC Acct.		9. CSC Or Other Legal Authority		10. Apmt. Affidavit			11. FEGLI		12. LCD	
Mo. Da. Yr.		Yes-1 No-2				Mo. Da. Yr.			Yes-1 No-2		Code	

PREVIOUS ASSIGNMENT													
14. Organizational Designations						Code		15. Location Of Official Station				Station Code	
DPS/Office of the Comptroller Finance Div. Accounts Branch Accounting Control Section Accts Receivable and Payable Unit								Wash., D.C.					
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series					
Dept. - Field USIA - Frgn -		Fiscal Acct Clk		0506		GS		0501.01					
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number			
05 3		\$ 431.0		SF		Mo. Da. Yr.		Mo. Da. Yr.		0263 1010			

ACTION											
27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment + T to C.F.		16		Mo. Da. Yr.		Regular		11			

PRESENT ASSIGNMENT													
31. Organizational Designations						Code		32. Location Of Official Station				Station Code	
DDP/ES FE/ [] Support Staff - []						1171		[]				37587	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series					
Dept. - Field USIA - Frgn -		Fiscal Acct Asst		3167				0501.03					
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number			
		\$				Mo. Da. Yr.		Mo. Da. Yr.		0137 7351 3000			

SOURCE OF REQUEST					
A. Requested By (Name And Title)	C. Request Approved By (Signature And Title)				
[] CFF/JAO	[Signature] Robert D. Cashman, CFF/Personnel				
B. For Additional Information Call (Name & Telephone Ext.)					
[] Little, X2957					
CLEARANCES					
Clearance		Signature		Date	
A. Career Record					
B. Post Control					
C. Classification					
D. Placement					
E. Approved By		[Signature]			
Remarks					
2 copies to Security. Please transfer from vouchered to unvouchered funds as of 15 May 1960. Subject to replace [] who is returning to 21 June 1960.					

FORM NO. 1152
1 MAR 57

SECRET

(4)

REQUEST FOR PERSONNEL ACTION														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol Prof		5. Sex		6. CS - FLD	
125798		WILCOTT JAMES B JR				Mo. Da. Yr. 09 27 31			Non-0 Code S Pr-1 10 Pr-9 1		M 1		Mo. Da. Yr. 03 04 57	
7. SCD		8. CSC Retire		9. CSC Or Other Legal Authority		10. Appt. Alliday			11. FLD		12. LCD		13. FLD	
Mo. Da. Yr. 06 26 53		Yes-1 Code No-2 1		50 USCA 403 J.		Mo. Da. Yr.			Yes-1 Code No-2 03		Mo. Da. Yr. 04 57		Yes-1 Code No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DCS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Census Series	
Dept. - USfld - Frgn - 2		FINANCE ASST				0470		GS		0510.14	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 2X 3		\$ 4400 1.340		SF		03 122 157		04 120 15		9 6300 20 004	

ACTION 9 18 60

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment		56		Mo. Da. Yr. 10 15 57		Regular		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division, Accounts Branch Accounting Control Section Accts Receivable and Payable Unit				↑		Wash., DC					
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Census Series	
Dept. - XX USfld - Frgn - 2		Fiscal Acct Clk				506				0501.04	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/3		\$ 4340		SF						0263-1040	

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
Deputy Chief, Finance Division		Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control	fg	10-2-57	E.		
C. Classification			F. Approved By	W. W. K. K. K.	
Remarks					

REQUEST FOR PERSONNEL ACTION															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol. Prod.		5. Sex		6. CS-EOD		
125798		WILCOTT JAMES B JR.				Mo. Da. Yr. 09 27 31			None-0 5 Pt-1 10 Pt-2		Code 1 M 1		Mo. Da. Yr. 03 04 57		
7. SCD		8. CSC Reunt.		9. CSC Or Other Legal Authority		10. Appt. Allidav.			11. FEGLI		12. LCD		13. ...		
Mo. Da. Yr. 06 26 53		Yes-1 No-2		Code 1		50 USCA 403			Mo. Da. Yr. 03 04 57			Yes-1 No-2		Code 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Mo. Da. Yr. 05 11 53		TIME LV PAY CLK				0305002		GS		0544.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 11 53		\$ 4190		SF		Mo. Da. Yr. 09 12 57		Mo. Da. Yr. 09 21 58		9-6300-20-004	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment		56		Mo. Da. Yr. ASAP		Regular		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				5805		Wash., DC				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Mo. Da. Yr. 05 11 53		Finance Assistant				470				0510.14	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/2		\$ 4190.00		SF		Mo. Da. Yr. 7 12 57		Mo. Da. Yr. 9 12 58		9-6300-20-004	

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
Acting Chief, Finance Division		Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		20 1959	E.		
C. Classification			F. Approved By		

Remarks

For slotting purposes only

REQUEST FOR PERSONNEL ACTION															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vac. Prof.		5. Sex		6. CS - LCB		
108749		WILSON JAMES E JR				Mo. Da. Yr.			Non-0 Code		M		Mo. Da. Yr.		
7. SCD		8. CSC Form		9. CSC Or Other Legal Authority		10. Appt. Affidav			11. FEGLI		12. LCD		13. Act. Serv. (Month, Yr.)		
Mo. Da. Yr.		Yes-1 Code No-2		Mo. Da. Yr.		Yes-1 Code No-2			Mo. Da. Yr.		Yes-1 Code No-2		Mo. Da. Yr.		
05 75 13		1		90 USA 403							03 04 97		12		

PREVIOUS ASSIGNMENT													
14. Organizational Designations						Code		15. Location Of Official Station				Station Code	
DPS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION						3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series			
Dept. - USld. - Frgn.		Code				051103		05		0510.15			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number			
05 1		\$ 3670		SF		Mo. Da. Yr.		Mo. Da. Yr.		8-6304-20			
05 1						09 12 157		09 12 157					

ACTION													
27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date			
Reassignment		56		ASAP		Regular		01					

PRESENT ASSIGNMENT													
31. Organizational Designations						Code		32. Location Of Official Station				Station Code	
DPS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Staff Employees Accounts Section						3803		Wash., DC					
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series			
Dept. - USld. - Frgn.		Code				M005.02		05		0544.01			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number			
5/1		\$3670.00		SF		Mo. Da. Yr.		Mo. Da. Yr.		8-6304-20			

SOURCE OF REQUEST													
A. Requested By (Name & Title)						C. Request Approved By (Signature & Title)							
Deputy Chief, Finance Division						Acting Comptroller							
B. For Additional Information Call (Name & Telephone Ext.)													
CLEARANCES													
Clearance		Signature		Date		Clearance		Signature		Date			
A. Career Board						D. Placement							
B. Pos. Control		St		16 APR 1998		E.		RW Staley		4/16/98			
C. Classification						F. Approved By							
Remarks													

Classify According
To Content.

REQUEST FOR PERSONNEL ACTION														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Ver. Prof.		5. Sex	6. CS - EOD		
		WILCOTT, James B., Jr.				Mo	Da	Yr	None-0	Code	M	Mo	Da	Yr
9		27		31				5 Pr-1						
7. SCD		8. CSC Rept		9. CSC Or Other Legal Authority		10. Appt. Allidav			11. FEGLI		12. LCD		13. LCD	
Mo	Da	Yr	Yes - 1	Code		Mo	Da	Yr	Yes - 1	Code	Mo	Da	Yr	Yes - 1
			No - 2						No - 2					No - 2

PREVIOUS ASSIGNMENT

14. Organisational Designations				Code		15. Location Of Official Station				Station Code	
DDG/Office of the Comptroller Fiscal Division Accounts Branch Allotment Ledger Section						Wash., DC					
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. XX	Code	Fiscal Acct Clk				30.01				0501.04	
Unfld.											
Fragn.											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
5/1		\$ 3670.00		SF		Mo Da Yr		Mo Da Yr		8-6303-20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
Reassignment		56		Mo Da Yr ASAP 2/23/58		Regular		01			

PRESENT ASSIGNMENT

31. Organisational Designations				Code		32. Location Of Official Station				Station Code	
DDG/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				3805		Wash., DC				75013	
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. XX	Code	Finance Assistant				521.03				0510.14	
Unfld.											
Fragn.											
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/1		\$ 3670.00		SF		Mo Da Yr 07/22/57		Mo Da Yr 07/21/57		8-6304-20	

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
Deputy Chief, Finance Division		Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control	gpc	2/14/58	E.		
C. Classification			F. Approved By	R. W. Humphrey	2/17/58
Remarks Subject will replace [] who is processing for an o/s assignment.					

Classify According
To Content.

REQUEST FOR PERSONNEL ACTION												VOUCHERED 12 September 1957		
1. Serial No.		2. Name (Last-First-Middle) WILCOTT, James B.				3. Date Of Birth Mo Da Yr 9 27 31			4. Var. Pref. None-0 5 Pr-1 10 Pr-2		5. Sex M		6. CS - EOD Mo Da Yr	
7. SCD Mo Da Yr		8. CSC Reinit. Yes-1 No-2		9. CSC Or Other Legal Authority		10. Appt. Affidav. Mo Da Yr			11. FEGLI Yes-1 No-2		12. LCD Mo Da Yr		13. Mtl Serv. Credit L Co Yes-1 No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section				Code		15. Location Of Official Station Washington, D. C.				Station Code	
16. Dept.- Field Dept - X Usld. Fran.		17. Position Title Fiscal Acct. Clk		18. Position No. 30.01		19. Serv.		20. Occup. Series GS-0501.04-4			
21. Grade & Step GS-4 1		22. Salary Or Rate \$ 3415		23. SD SF		24. Date Of Grade Mo Da Yr		25. PSI Due Mo Da Yr		26. Appropriation Number 8-6303-20	

ACTION

27. Nature Of Action PROMOTION		Code		28. Eff. Date Mo Da Yr 29 SEP 1957		29. Type Of Employee Regular		Code		30. Separation Data	
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PRESENT ASSIGNMENT

31. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section				Code		32. Location Of Official Station Washington, D. C.				Station Code	
33. Dept.- Field Dept - X Usld. Fran.		34. Position Title Fiscal Acct Clk		35. Position No. 30.01		36. Serv.		37. Occup. Series GS-0501.04-5			
38. Grade & Step GS-5 1		39. Salary Or Rate \$ 3670		40. SD SF		41. Date Of Grade Mo Da Yr 9 12 57		42. PSI Due Mo Da Yr 9 12 58		43. Appropriation Number 8-6303-20	

SOURCE OF REQUEST

A. Requested By (Name And Title) Chief, Fiscal Division		C. Request Approved By (Signature And Title) Controller	
B. For Additional Information Call (Name & Telephone Ext.) x 4445			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		9/14/57	E.		
C. Classification			F. Approved By		9/12/57
Remarks					

STANDARD FORM 52
PROVIDED BY THE
U. S. CIVIL SERVICE COMMISSION
JANUARY 1957 - PERMANENT PERSONNEL
BUREAU, OFFICE OF

REQUEST FOR PERSONNEL ACTION

EC-9 Nov. 1956

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Mrs., Miss, etc.—One given name, initial(s), and surname) <i>Mr. James B. Wilcott, Jr.</i>	2. DATE OF BIRTH <i>27 Sept. 1931</i>	3. REQUEST NO. <i>C-5481 RC-135</i>	4. DATE OF REQUEST <i>28 June 1956</i>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <i>Excepted Appointment</i>		6. EFFECTIVE DATE A. PROPOSED: <i>ASAP</i>	7. C.S. OR OTHER LEGAL AUTHORITY <i>SDUSCA 403J</i>
8. POSITION (Specify whether establish, change grade or title, etc.) <i>13</i>		B. APPROVED: <i>4 March 1957</i>	

FROM—	9. POSITION TITLE AND NUMBER	TO—	<i>Fiscal Acct Clk M 30.01-4</i>
	10. SERVICE, GRADE, AND SALARY		<i>GS-0501.04-4 \$3415 pa</i>
	11. ORGANIZATIONAL DESIGNATIONS		<i>DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section Washington, D. C.</i>
	12. HEADQUARTERS		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	13. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <i>7</i>

A. REMARKS (Use reverse if necessary)

This action cancels Recruitment Request submitted under date of 25 June 1956

Personnel Folder is attached

B. REQUESTED BY (Name and title) <i>Chief, Fiscal Division</i>	D. REQUEST APPROVED BY Signature: <i>R. H. Fuchs</i> Title: <i>Acting Comptroller</i>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <i>4445</i>	

13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> <i>SD/SF</i>
---	---

15. SEX <i>M</i>	16. RACE <i>W</i>	17. APPROPRIATION FROM: <i>6-6303-20</i> TO: <i>6-6303-20</i>	18. SUBJECT TO C.S. RETIREMENT ACT (YES—NO) <i>yes</i>	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <i>4 March 57</i>	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <i>SD</i>
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21. STANDARD FORM 50 REMARKS

OFFICE/DIVISION WITHIN CEILING
27 NOV 1956
Date *BAB*
Position Con. Clk.

*① suby. to med.
② suby. to trial period
RC-135
DOB: 03/04/57*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.	<i>TH</i>	<i>9 JUL 1956</i>	<i>CSEOD: 03/04/57 LCD: 03/04/57 SCD: 06/26/53 PSE Due: 03/09/58</i>
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<i>TH</i>	<i>7/11</i>	
E.			

F.		
----	--	--

CONFIDENTIAL
(When Filled In)

REPORT OF INTERVIEW		1. DATE OF INTERVIEW 10 April 1956	2. PLACE Syracuse, New York
3. PREVIOUS APPLICATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. INTERVIEWER Neil F. Doherty		5. REFERRED BY ---
6. TYPE OR PRINT IN CAPS LAST NAME WILCOTT,	FIRST NAME JAMES	MIDDLE NAME B.	
7. PERMANENT ADDRESS 400 James Street, Syracuse, New York			TELEPHONE none
8. BUSINESS ADDRESS ---			TELEPHONE ---
9. TEMPORARY ADDRESS ---			TELEPHONE ---
10. DATE OF BIRTH 27 Sept. 1931	12. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> OTHER (Specify country)		
11. PLACE OF BIRTH Cleveland, Ohio	13. U.S. CITIZENSHIP ACQUIRED BY <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION		14. IF NATURALIZED INDICATE DATE
15. <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW (or) <input type="checkbox"/> DIVORCED	16. NO. OF DEPEND. (Excluding wife) 0		
17. FOREIGN RELATIVES, INCLUDING WIFE (Reg. 10-9) N A			
18. EDUCATION (Schools, degrees, dates, majors, thesis title, grade average or class standing, extra-curricular activities, etc.) Polana Central High - left at end of first year (1948) GED (Army) Equivalency diploma 1951 Feb. '53 - May '54 - Utica College of Syracuse University, Utica, N.Y. - Physics major - left when his marks were getting too low - working also. Feb. '55 - Present - Central Business School, Syracuse, New York - Accounting course - all A's and B's except 2 C's. (Can end course in Fall or continue).			
19. MAJOR EMPLOYMENT HISTORY (Employers, positions, duties, salaries, reasons for leaving) August '52 - Dec. '52 - Esso Tower Station, Genesee St., Utica, N.Y. - Gas attendant - \$45 per wk - laid off due to slow business. Dec. '52 - Feb. '53 - Chicago Pneumatic Tool Co., Utica, N.Y. - Engine lathe operator \$50 per wk. was an unskilled job with no future. May '54 - Sept. '54 - Toboggan Inn, Eagle Bay, N.Y. - Handyman \$60 wk, plus room and board - summer job. Sept. '54 - Dec. '54 - Century Metal Craft Cork, Syracuse, N.Y., Cookware salesman - \$60 wk. - did not make out as a salesman.			
20. MILITARY EXPERIENCE (Branch, serial no., stations, training duties, command responsibilities, rank held, reserve status, current proficiency and interest). INCLUDE ALSO DRAFT, ACTIVE MILITARY OR RETIRED STATUS. Dec. '48 - August. '52 - U.S. Army Electrician and generator operator (MOS 3166 - Cpl. liked the work and was considered fairly good at it.			

CONFIDENTIAL
(When Filled In)

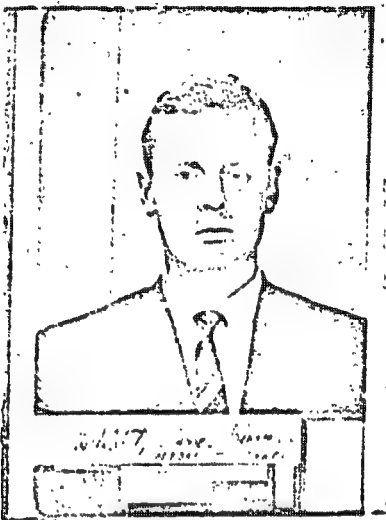
19. AREA KNOWLEDGE (Area, type of knowledge, how acquired, etc.)							
Okinawa July '49 - March '51							
20. LANGUAGE FACILITY (Give tests when skill warrants and rate below)							
LANGUAGE	NATIVE FLUENCY	FLUENT BUT FOREIGN	ADEQUATE FOR TRANSLATOR	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED	ACQUIRED BY
N A							
21. SALARY REQUESTED		\$2200		22. POOL INTEREST <input type="checkbox"/> YES <input type="checkbox"/> NO			
23. ACCEPTABLE STATION		WASHINGTON, D.C. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PREFERENCE LIMITATIONS			
		ANYWHERE IN U.S. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Prefers C/S and the sooner the better- anywhere.			
		OVERSEAS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
24. HEALTH Good							
25. FORMS GIVEN <input checked="" type="checkbox"/> PMS <input checked="" type="checkbox"/> APP. I <input checked="" type="checkbox"/> MED. <input type="checkbox"/> SEC. AGREE. <input checked="" type="checkbox"/> L/A (If required)							
26. EVALUATION AND RECOMMENDATION (Appearance, manners, personality, maturity, motivation, flexibility, intelligence, emotional stability, qualifications for intelligence work, career planning, over-all impression, pertinent unfavorable factors)							
<p>The first thing of note is the scattered work and educational history of this fellow. On paper the case is all against him but in talking to him I conclude that it is the case of a guy who failed to get the proper job and school guidance when it would have been most effective (immediately after discharge). The guy has intelligence (LA/5 61-61) but perhaps not the final grasp of things to make a go of a technical degree in College. He probably would have done O.K. with the Liberal Arts course. At any rate he has decided on accounting as a career (finds he likes it and can do it well). He's had a tough life to say the least (how much bearing this has had on his career I'm not trained to evaluate.) My final impression is that he's neat, clean cut, sincere, reliable, capable if given the proper supervision. Types about 40 wpm and is learning shorthand from his wife (who's applying as steno). I think he'd do a competent job and perhaps with experience and training do a very good one. Wants O/S at earliest opportunity for financial reasons.</p>							
27. RECOMMENDED FOR				28. SERIAL NUMBERS			
GS 4 Admin/ Accounting							
29. TESTS				30.			
LA/5 61-51				Neil F. Doherty May 13, 1956 <small>SIGNATURE OF INTERVIEWER DATE</small>			

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SECRET
(When Filled In)

BIOGRAPHIC PROFILE (PART I) SCD: 26 Jun 1953									
1. PERM. SERIAL NO.		2. NAME (Last-First-Middle)							
3. SEX		4. DATE OF BIRTH		5. LONGEVITY COMP. DATE					
M		Sep 1931		4 Mar 1957					
6. MARITAL STATUS		7. DEPENDENTS (Include only those)		8. NO. YEARS OF BIRTH		9. US NATURALIZATION DATE(S)			
Married				2 1931, 1959		NA NA			
10. CAREER STATUS		11. MEMBERSHIP		12. OTHER STATUS		13. LAST MED. RPT. QUAL. FOR		14. SPOUSE QUAL. FOR	
STAFF						Mar 1960 PCS O/S		O/S PCS	
15. CURRENT RESERVE STATUS		16. NONE SERVICE		17. GRADE		18. ACTIVE DUTY WITH CIA CAT. 1		19. RELEASE TO MIL. SER. CAT. 2	
X								TO BE DEFERRED CAT. 3	
20. ASSESSMENT DATE		21. PROFESSIONAL TEST DATE		22. LANGUAGE APTITUDE TEST DATE					
None		None		Jan 1960					
23. NON-CIA EMPLOYMENT									
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator									
1952 Esso Tower Station, Utica, NY - Attendant									
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator									
Various Summer & Part-time positions while attending college									
24. NON-CIA EDUCATION									
1953-54 Utica College, Utica, NY - Physics									
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exec Business Admin & Acctg									
1957-59 USDA Graduate School, DC - Federal Govt Acctg; Mathematics of Acctg & Investment									
25. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		German - R,P,S,U, Slight (Nov 1959); W, Elem; T, None - Mar 1958							
26. AGENCY SPONSORED TRAINING									
1957 Clerical Induct 1960 Intro to Communism									
1957 Clerical Orient									
1960 Intel Orient									
1960 Ops Spt									
27. CIA EMPLOYMENT HISTORY SINCE 16 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)									
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SC	ORGANIZATION & ORGAN	TITLE (If any)	LOCATION			
Mar 1957	Fisc Acct Clerk 0501.04	4	SF	Compt/Fiscal Div/Accts Br		Hq			
Sep 1957	" " 0501.04	5	SF	" " " "		"			
Feb 1958	Finance Asst 0510.14	5	SF	Compt/Fin Div/Comp&Tax Accts Br		"			
Mar 1958	Time, Lv, Pay Clerk 0544.01	5	SF	" " " "		"			
Mar 1959	Finance Asst 0510.14	5	SF	" " " "		"			
Oct 1959	Fisc Acct Clerk 0501.04	5	SF	Compt/Finance Div/Accts Br		"			
May 1960	Fisc Acct Asst 0501.03	5	SF	DSP/FE/ [] Spt Stf		[]			
Nov 1961	" " " 0501.03	6	SF	" " " "		"			
Sep 1963	" " " 0501.03	7	SF	" " " "		"			
Oct 1964	Finance Asst 0510.16	7	SF	DES/Finance/CF Div/Comp&Tax Accts		Hq			
28. DATE REVIEWED		29. PROFILE REVIEWED BY		30. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE					
23 Nov 1964		ard		No					

SECRET
(When Filled In)

PERS. SERIAL NO. 25798		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) WILCOTT, James Bernard, Jr.		DATE OF BIRTH Sep 1931	
 A black and white portrait photograph of a man with short, dark hair, wearing a suit jacket, white shirt, and tie. The photo is mounted on a card with some text at the bottom, which is partially obscured.			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION			
27. DATE REVIEWED 23 Nov 1964		28. PROFILE REVIEWED BY mrd	

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 025798	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) Wilcott, James B. Jr			2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07
5. OFFICIAL POSITION TITLE Fiscal Acct Asst			7. OFF/DIV/BR OF ASSIGNMENT DDP/FE/	8. CURRENT ASSIGNMENT	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 Aug 64			12. REPORTING PERIOD (From- to-) 1 July 1963 - 30 June 1964		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash [] U.S. dollars, MPC).					P
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					P
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					P
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6 Advises TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.					P
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					P
15 JUL 1964					

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET

SECTION C NARRATIVE COMMENTS

OFFICE OF PERSONNEL

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties, if applicable.

Subject has performed his duties in a competent manner. Used and spent huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
9 Jun 64	/s/ James Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
23		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
9 Jun 64	Finance Officer	/s/ Frank Wells
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>Subject has held the position of Finance Disbursing Officer since his arrival at [redacted] in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.</p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
7 Jun 64	Finance Officer	/s/ [redacted]

SECRET

FTT 10,374, 31 May 63

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FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025798			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
WILCOTT, JAMES B. JR.			27 Sept 31		M	GS-6	SP
6. OFFICIAL POSITION TITLE			7. OFF/DIV/OF OF ASSIGNMENT		8. CURRENT STATION		
FISCAL ACCT ASST			DDP/FE/				
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 Jul 62 - 30 Jun 63			
SECTION B							
PERFORMANCE EVALUATION							
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
As Station Cashier, responsible for the daily receipt and disbursement of cash [] U. S. dollars, MPC).						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all Station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on all private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Performs other related duties as assigned by the Finance Officer.						P	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
20 JUN 1963						P	

SECRET

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

3 38 PM '63
MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
21 May 1963	/S/ James B. Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
33		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Finance Officer	/S/ [] III
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur in the evaluation.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Adm Officer	/S/ Douglas S. Trabue

SECRET

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SECRET

(When Filled In)

1. PERS. SERIAL NO.		BIOGRAPHIC PROFILE (PART I) COD: 26 Jun 1963			
25208		2. NAME (Last-First-Middle)		3. SEX	4. DATE OF BIRTH
WILCOFF, James Bernard, Jr.		M		Sep 1931	5. DATE OF ENTRY INTO SERVICE
6. MARITAL STATUS		7. DEPENDENTS (Include own children)	8. NO. YEARS OF BIRTH	9. US NATURALIZATION DATE(S)	
Married		2	1931, 1959	NA	
10. CAREER STATUS		11. MEMBERSHIP	12. OTHER STATUS	13. LAST MED. EXAM. DATE	14. LAST MED. EXAM. FOR
None				Mar 1960	PCS 0/S
15. CURRENT RESERVE STATUS		16. GRADE	17. ACTIVE CLERK WITH CIA CAT. 1	18. RELEASE TO MIL. SER. CAT. 2	19. TO BE RETIRED DEFERRED CAT. 3
None					
20. ASSESSMENT DATE		21. PROFESSIONAL TEST DATE		22. LANGUAGE ATTITUDE TEST DATE	
None		None		Jan 1960	
23. NON-CIA EMPLOYMENT					
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator					
1952 Esso Tower Station, Utica, NY - Attendant					
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator					
Various Summer & Part-time positions while attending college					
24. NON-CIA EDUCATION					
1953-54 Utica College, Utica, NY - Physics					
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Excc Business Admin Acctg					
1957-59 USDA Graduate School, DC - Federal Govt Acctg; Mathematics of Acctg&Investment					
25. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958			
26. AGENCY SPONSORED TRAINING					
1957 Clerical Induct 1960 Intro to Communism					
1957 Clerical Orient					
1960 Intel Orient					
1960 Cps Spt					
27. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORGN. TITLE (if any)	LOCATION
Mar 1957	Fisc Acct Clerk	0501.04	4	SF Compt/Fiscal Div/Accts Br	Hq
Sep 1957	" "	0501.04	5	SF " " " "	"
Feb 1958	Finance Asst	0510.14	5	SF Compt/Fin Div/Comp&Tax Accts Br	"
Mar 1958	Time, Lv, Pay Clerk	0514.01	5	SF " " " "	"
Mar 1959	Finance Asst	0510.14	5	SF " " " "	"
Oct 1959	Fisc Acct Clerk	0501.04	5	SF Compt/Finance Div/Accts Br	"
May 1960	Fisc Acct Asst	0501.03	5	SF DDP/FE [] /Spt Stf	[]
Nov 1961	" " "	0501.03	6	SF " " " "	"
Sep 1963	" " "	0501.03	7	SF " " " "	"
Oct 1964	Finance Asst	0510.16	7	SF DDS/Finance/CF Div/Comp&TaxAccts	Hq
28. DATE REVIEWED		29. PROFILE REVIEWED BY		30. ITEMS 1-18 REVIEWED & VERIFIED BY EMPLOYEE	
27 Jan 1964		[]		[]	

FORM 1200 (PART I) USE PREVIOUS EDITIONS.

SECRET

PROFILE

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SECRET

(When Filled In)

PERS. SERIAL NO. 25798		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) WILCOX, James Bernard, Jr.		DATE OF BIRTH Sep 1931	
<div data-bbox="665 597 1053 1115" data-label="Image"> </div>			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION			
27. DATE REVIEWED 23 Nov 1961		28. PROFILE REVIEWED BY ard	

FORM NO. 1200 (PART 2) REPLACES FORM 1080 (PART 2) 1 FEB 57

SECRET jlk

PROFILE

(4)

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SO
Wilcott, James B., Jr.			27 Sep 31	M	GS-07 SF
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
Fiscal Acct Asst			DDP/WH/C JMWAVE		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. SPECIAL (Specify):			12. SPECIAL (Specify): Resignation		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to)		
			26 Apr 65 - 15 Apr 66		
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Lists, computes and verifies cover companies commercial payrolls involving approximately persons. Prepares and verifies all salary checks. An accounting machine is used for payrolling					RATING LETTER A
SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel					RATING LETTER W
SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies					RATING LETTER A
SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents					RATING LETTER A
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER A

SECRET

SECTION C		NARRATIVE COMMENTS	
<p><small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give OFFICE OF PERSONNEL rating. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section D. Provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</small></p>			
<p>During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion ^{that} being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.</p>			
SECTION D CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
12 months	Subject departed the Station without seeing this Report.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 Jun 1966	Chief, Finance Branch	/s/ H. Robert Graham	
3. BY REVIEWING OFFICIAL			
<p>COMMENTS OF REVIEWING OFFICIAL</p> <p>Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
6 July 1966	Deputy Chief for Support	/s/ William A. Jewett	

SECRET

SECRET
(When Filled In)

P. J. Wilcott

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025703			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
WILCOTT, James B, Jr.			27 Sep 1931		M	GS-07	SP
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Finance Assistant			Fin/GFD/CSTAD		Wash., D. C.		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
ASAP				11 Oct. 1964 - 25 April 1965			
SECTION B PERFORMANCE EVALUATION:							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
Analyzing Payroll Accounts							P
SPECIFIC DUTY NO. 2							RATING LETTER
Reconciling Tax and Retirement Accounts							P
SPECIFIC DUTY NO. 3							RATING LETTER
Computing Staff and Career Agents' Pay and Allowances							P
SPECIFIC DUTY NO. 4							RATING LETTER
Conducting Liaison with our Division regarding Payroll matters.							P
SPECIFIC DUTY NO. 5							RATING LETTER
Preparing Correspondence							A
SPECIFIC DUTY NO. 6							RATING LETTER
Maintaining Leave records and Agents' Pay Files							P
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and parts for limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
P							P

SECRET

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Details of performance of managerial or supervisory duties must be described, if applicable.

In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.

This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.		
DATE	SIGNATURE OF EMPLOYEE	
30 April 1965		
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
6	Employee had departed for PCS prior to this date.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
30 April 1965	Chief, Staff Agents Accts. Sec.	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
30 April 1965	Chief, Compensation and Tax Div.	

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL				025793	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
Wilcott, James B. Jr			27 Sep 31	M	GS-07
5. OFFICIAL POSITION TITLE			7. OFF/DIV. OR OF ASSIGNMENT		
Fiscal Acct Asst			DDP/FC		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT-SUPERVISOR <input type="checkbox"/> REASSIGNMENT-EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 Aug 64			1 July 1963 - 30 June 1964		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash () U.S. dollars, (MPC).					P
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					P
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					P
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6 Advices IDV travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
15 JUL 1964					P

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties, if applicable.

Subject has performed his duties in a competent manner. He handles large sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
9 Jun 64	/s/ James Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
23		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
9 Jun 64	Finance Officer	/s/ Frank Wells
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>Subject has held the position of Finance Disbursing Officer since his arrival at [redacted] in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for finance training upon his return to Headquarters in July 1964.</p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
7 Jun 64	Finance Officer	/s/ [redacted]

SECRET

FORM 10, 374, 31 May 63

SECRET

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025793	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
WILCOFF, JAMES B. JR.			27 Sept 31	M	GS-6 SF
6. OFFICIAL POSITION TITLE			7. OFF/DIV OR OF ASSIGNMENT 8. CURRENT STATION		
FISCAL ACCT ASST			DDP/FA		
9. CHECK (X) TYPE OF APPOINTMENT:			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 Jul 62 - 30 Jun 63		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
As Station Cashier, responsible for the daily receipt and disbursement of cash [] U. S. dollars, MPC).					P
SPECIFIC DUTY NO. 2					RATING LETTER
Consolidates all Station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Polices individual housing and vehicle advance accounts and audits related accountings.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Maintains statistical records on all private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6					RATING LETTER
Performs other related duties as assigned by the Finance Officer.					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
20 JUN 1963					P

~~SECRET~~

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations if applicable. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide test basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

JUN 17 3 38 PM '63
MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 21 May 1963	SIGNATURE OF EMPLOYEE /S/ James B. Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 33	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 21 May 1963	OFFICIAL TITLE OF SUPERVISOR Finance Officer	TYPED OR PRINTED NAME AND SIGNATURE /S/ []
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL Concur in the evaluation.		
DATE 21 May 1963	OFFICIAL TITLE OF REVIEWING OFFICIAL Adm Officer	TYPED OR PRINTED NAME AND SIGNATURE /S/ Douglas S. Trubue

~~SECRET~~

~~CONFIDENTIAL~~

SECRET
(When Filled In)

File 001
or Career Service Board

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025718	
SECTION A. GENERAL					
1. NAME (Last) (First) (Middle) WILCOTT, James B.			2. DATE OF BIRTH 27 Sept 31	3. SEX M	4. GRADE GS-6
5. OFFICIAL POSITION/TITLE Fiscal Acct Asst.			6. OFF/DIV/BR OF ASSIGNMENT & CURRENT STATION FE/		
7. CHECK (X) TYPE OF APPOINTMENT			8. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):		
9. DATE REPORT DUE IN O.P.			10. REPORTING PERIOD (From - to) 1 Apr 61 - 30 June 62		
SECTION B. PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.					P
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					S
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					S
SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					P

SECRET
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.</p>			
SECTION D			
CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
19 July 1962	James B. Wilcott /s/		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
25			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer	<div style="border: 1px solid black; width: 100px; height: 1.2em;"></div>	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer	<div style="border: 1px solid black; width: 100px; height: 1.2em;"></div>	

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 525748							
SECTION A GENERAL											
1. NAME (Last) (First) (Middle) WILCOX, James B		2. DATE OF BIRTH 27 Sept 1931		3. SEX M	4. GRADE GS-05						
5. SERVICE DESIGNATION SF		6. OFFICIAL POSITION TITLE Fiscal Asst. Asst.		7. OFF/DIV/BR OF ASSIGNMENT							
8. CAREER STAFF STATUS			9. TYPE OF REPORT								
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE								
10. DATE REPORT DUE IN O.P. 31 May 61		11. REPORTING PERIOD 27 May 60 to 31 Mar 61		12. SPECIAL (Specify)							
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES											
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).											
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding											
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.		RATING NO. 4	SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.		RATING NO. 4						
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.		RATING NO. 4	SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.		RATING NO. 4						
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.		RATING NO. 5	SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.		RATING NO. 4						
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION											
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.											
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4						
SECTION D DESCRIPTION OF THE EMPLOYEE											
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee											
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS					NOT APPLICABLE	NOT OBSERVED	RATING				
							1	2	3	4	5
GETS THINGS DONE											
RESOURCEFUL											
ACCEPTS RESPONSIBILITIES											
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES											
DOES HIS JOB WITHOUT STRONG SUPPORT											
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X						
WRITES EFFECTIVELY					X						
SECURITY CONSCIOUS											
THINKS CLEARLY											
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS											
OTHER (Specify)											

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he has no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner. MAIL ROOM

Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naivete are sometimes disconcerting to those with whom he deals.

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

3 May 1961

SIGNATURE OF EMPLOYEE

James E. Wilcott (signed)

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

8

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

3 May 1961

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

☐ I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

3 May 1961

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)

RE-CLASSIFIED BY: _____

SP 000000/1000000000

FITNESS REPORT						EMPLOYEE SERIAL NUMBER								
SECTION A GENERAL														
1. NAME (Last) (First) (Middle) Hilcox, James B. Jr.			2. DATE OF BIRTH 27 September 1931		3. SEX M	4. GRADE GS-3								
5. SERVICE DESIGNATION SF		6. OFFICIAL POSITION TITLE Fiscal Accountant Clerk			7. OFF/DIV/BR OF ASSIGNMENT Compt/Finance/Intest									
8. CAREER STAFF STATUS				9. TYPE OF REPORT										
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE										
10. DATE REPORT DUE IN O.P. 30 April 1960		11. REPORTING PERIOD FROM 1 APR 50 TO 31 MAR 60		12. SPECIAL (Specify)										
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES														
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).														
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding														
SPECIFIC DUTY NO. 1 Responsible for number- ing, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine				RATING NO. 4		SPECIFIC DUTY NO. 1 (continued) Records Division								
SPECIFIC DUTY NO. 2 Responsible for verify- ing the daily expenditure listing totals with the expended general ledger accounts.				RATING NO. 4		SPECIFIC DUTY NO. 3								
SPECIFIC DUTY NO. 3 Responsible for match- ing the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.				RATING NO. 4		SPECIFIC DUTY NO. 4								
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION														
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.														
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.							RATING NO. 4							
SECTION D DESCRIPTION OF THE EMPLOYEE														
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee														
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree						
CHARACTERISTICS						NOT APPLICABLE		NOT OBSERVED		RATING				
SETS THINGS DONE										1 2 3 4 5				
RESOURCEFUL														
ACCEPTS RESPONSIBILITIES														
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X								
DOES HIS JOB WITHOUT STRONG SUPPORT														
FACILITATES SMOOTH OPERATION OF HIS OFFICE														
WRITES EFFECTIVELY						X								
SECURITY CONSCIOUS														
THINKS CLEARLY														
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS														
OTHER (Specify):														

SEE SECTION 15 ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

State strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject has accepted a field assignment effective in June.

The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full potential. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.

He has an extremely good attitude toward his work and responds well to supervision.

This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and measured ratings and fair comparisons between the employee and his fellow workers of equal grade or responsibility. An "average" rating reflects an entirely satisfactory performance.

SECTION F CERTIFICATION AND COMMENTS**1. BY EMPLOYEE**

I certify that I have read Sections A, B, C, D and E of this Report.

DATE

18 April 1960

SIGNATURE OF EMPLOYEE

James E. McNeill Jr.

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12 Months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

18 April 1960

OFFICIAL TITLE OF SUPERVISOR

C/Voucher Review Unit

TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

21/10/60

OFFICIAL TITLE OF REVIEWING OFFICIAL

DC/Accounts Branch

URE

SECRET

SECRET

REVIEWED BY: *Richard Johnson*

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

125798

SECTION A

GENERAL

1. NAME (Last) (First) (Middle) Wilcott, Jr. James B.			2. DATE OF BIRTH 27 Sept. 1931		3. SEX M	4. GRADE GS-5
5. SERVICE DESIGNATION SP		6. OFFICIAL POSITION/TITLE Time Leave Pay Clerk			7. OFF/DIV/BN OF ASSIGNMENT Comp/ Finance Division	
8. CAREER STAFF STATUS				9. TYPE OF REPORT		
<input checked="" type="checkbox"/> NOT ELIGIBLE		<input type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P. 30 April 1959		11. REPORTING PERIOD From 1 Apr 58 to 31 Mar 59		12. SPECIAL (Specify)		

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Fundamental of Payroll			RATING NO. 3	SPECIFIC DUTY NO. 4 Coordination of liaison with Area Division on payroll problems		RATING NO. 2
SPECIFIC DUTY NO. 2 Preparation of all payroll documents considering base and premium pay and allowances			RATING NO. 3	SPECIFIC DUTY NO. 5 Application of Agency pay regulations		RATING NO. 4
SPECIFIC DUTY NO. 3 Maintaining of leave records			RATING NO. 3	SPECIFIC DUTY NO. 6 Processing of checks		RATING NO. 4

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.
3

SECTION D DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
CHARACTERISTICS				
GETS THINGS DONE				
RESOURCEFUL				
ACCEPTS RESPONSIBILITIES				
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES				
DOES HIS JOB WITHOUT STRONG SUPPORT				
FACILITATES SMOOTH OPERATION OF HIS OFFICE				
WRITES EFFECTIVELY				
SECURITY CONSCIOUS				
THINKS CLEARLY				
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				
OTHER (Specify):				

SEE SECTION "E" ON REVERSE SIDE

SECRET
(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

State strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Mr. Wilcott is a genial and cooperative person. He is well liked and gets along with people. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does require strong supervision.

He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE
I certify that I have seen Sections A, B, C, D and E of this Report.

DATE March 10, 1959	SIGNATURE OF EMPLOYEE James B. Wilcott Jr.
------------------------	---

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 6	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
--	---

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):	

DATE March 10, 1959	OFFICIAL TITLE OF SUPERVISOR Time, Leave, Pay Supr.	TYPED OR PRINTED NAME AND SIGNATURE
------------------------	--	-------------------------------------

3. BY REVIEWING OFFICIAL

<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE March 10, 1959	OFFICIAL TITLE OF REVIEWING OFFICIAL A/C, Staff Employees Accts. Sect.	TYPED OR PRINTED NAME AND SIGNATURE
------------------------	---	-------------------------------------

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section 'A' below.

SECTION A.

GENERAL

1. NAME (Last) (First) (Middle) Wilcott, James B.	2. DATE OF BIRTH 27 Sept. 1921	3. SEX M	4. SERVICE DESIGNATION SP
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Comptroller - Fiscal Division		6. OFFICIAL POSITION TITLE Chief, Fiscal Branch	
7. GRADE GS-5	8. DATE REPORT DUE IN CP 1 September 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 1 January 1957 - 1 September 1957	
10. TYPE OF REPORT (Check one) <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT-SUPERVISOR <input type="checkbox"/> REASSIGNMENT-EMPLOYEE <input type="checkbox"/> SPECIAL (Specify)	

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT ☐ WAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

A. CHECK (✓) APPROPRIATE STATEMENTS:

<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/> IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER HAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	<input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):

B. THIS DATE 5 Dec. 1957	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR [Signature]	D. SUPERVISOR'S OFFICIAL TITLE Deputy Chief, Accounting Branch
-----------------------------	---	---

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE
Posted Pos. Control [Signature] (6. 1. 57)
Reviewed by [Signature] 12/10/57

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE 5 Dec. 1957	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL [Signature]	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, Accounting Branch
-----------------------------	---	---

SECTION C. JOB PERFORMANCE EVALUATION

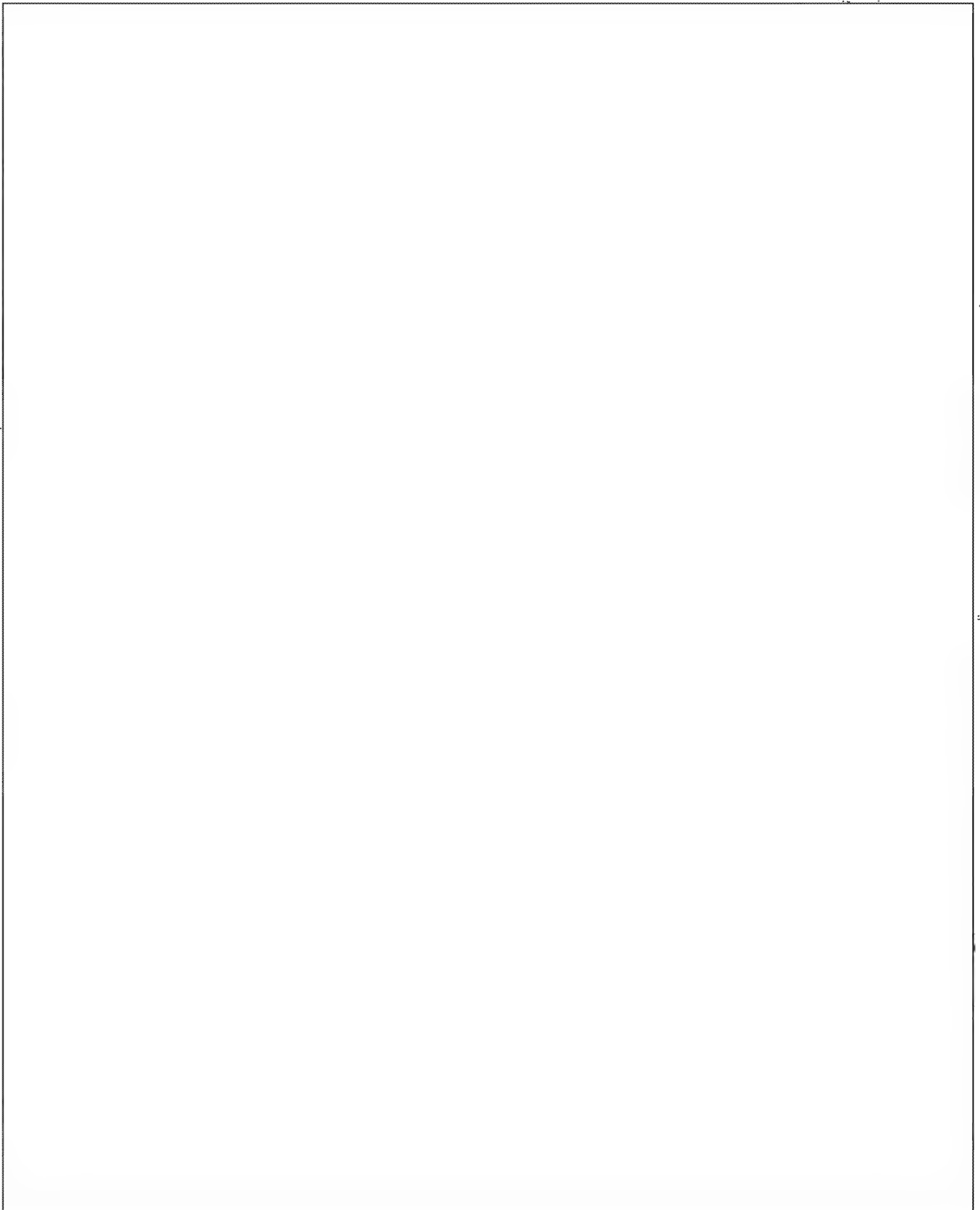
1. RATING ON GENERAL PERFORMANCE OF DUTIES

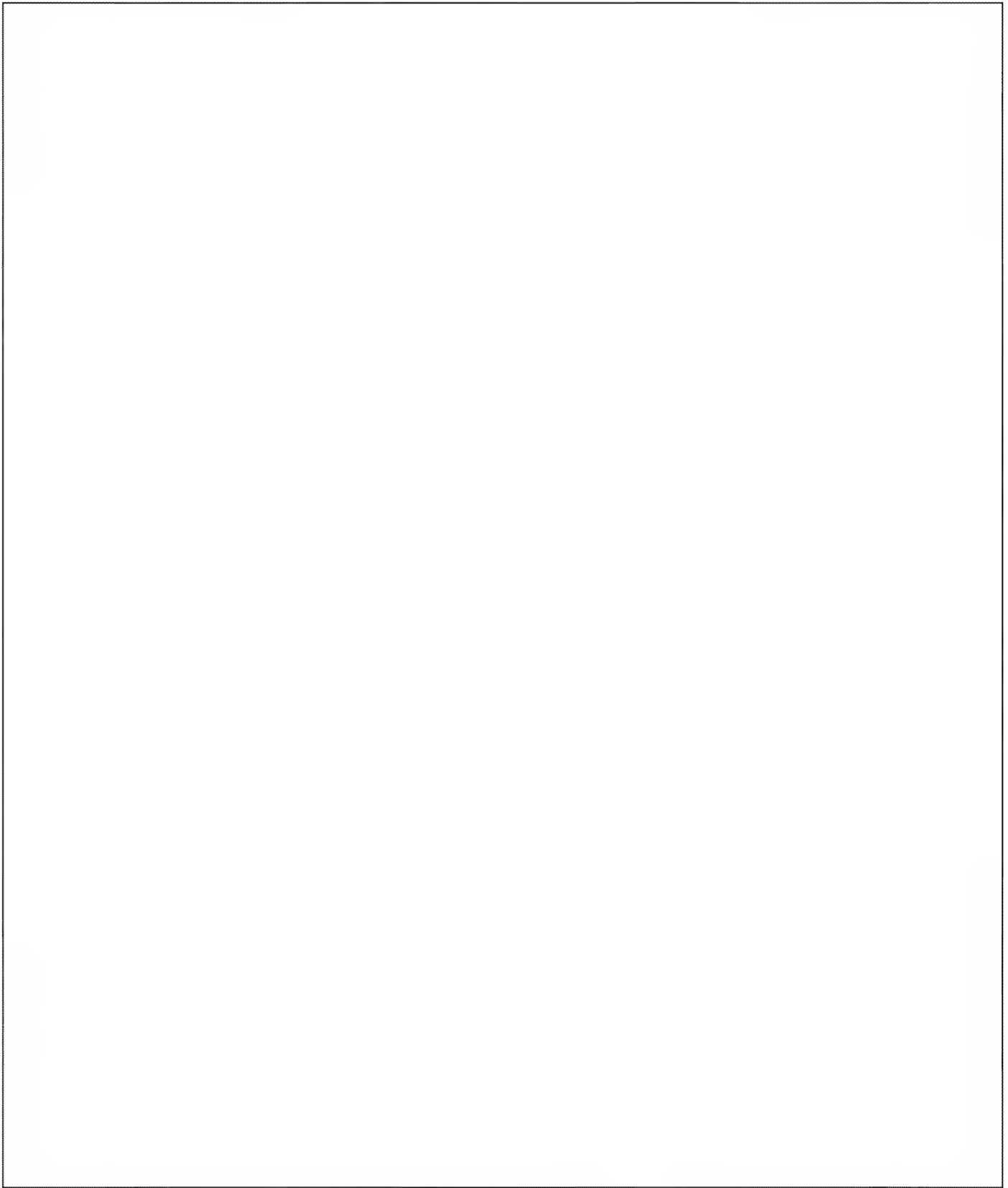
DIFFICULTIES: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

1. 2. 3. 4. 5. 6. INSERT RATING NUMBER	1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
	2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
	3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
	4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
	5. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
	6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS: Mr. Wilcott is very industrious and accepts his assignments without hesitancy.

7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																											
DIRECTIONS: a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties. b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty. c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only). d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility. e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties. f. Be specific. Examples of the kind of duties that might be rated are: <table style="width: 100%; font-size: small;"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERVIEWS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEVELOPING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERVIEWS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEVELOPING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERVIEWS																									
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES																									
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN																									
WRITING TECHNICAL REPORTS	MANAGES FILES	DEVELOPING SOURCES																									
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS																									
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK																									
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING																									
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3 - PERFORMS THIS DUTY ACCEPTABLY 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY																									
SPECIFIC DUTY NO. 1 Records obligating instruments, supplements and adjustments relating to allotment accounting.	RATING NUMBER 4	SPECIFIC DUTY NO. 4 Assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year.	RATING NUMBER 4																								
SPECIFIC DUTY NO. 2 Prepared current analysis of allotment ledger accounts of unliquidated obligations.	RATING NUMBER 4	SPECIFIC DUTY NO. 5 Records liquidations, cancellations of obligations to individual allotment accounts.	RATING NUMBER 4																								
SPECIFIC DUTY NO. 3 Checks and reconciles running of expenditures with those in the allotment ledger accounting records.	RATING NUMBER 4	SPECIFIC DUTY NO. 6 Prepared summaries required for reconciliations and duplicate allotment records (copies) for forwarding to the various allottees.	RATING NUMBER 4																								
3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job. Mr. Wilcott is very anxious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.																											
SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION																											
DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.																											
RATING NUMBER 4	1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION																										
IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY:																											
He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas position, as this was a part of his ambition in seeking employment with the Government. It is believed that he could adjust himself to other duties in the field of accounting.																											





SECRET
(When Filled In)

N.M. 17 MAY 66

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
025798		WILCOIT JAMES B JR	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	
RESIGNATION*		04/15/66	
5. CATEGORY OF EMPLOYMENT		REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE	
V TO V		6132 1164 0000	
CF TO V		8. CSC OR OTHER LEGAL AUTHORITY	
X			
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DUP/WH/US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR CPS SUPPORT FINANCE BRANCH		JMWAVE	
11. POSITION TITLE		12. POSITION NUMBER	
FISCAL ACCT ASSI		1369	
13. SERVICE DESIGNATION		SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	
GS		0501.03	
16. GRADE AND STEP		17. SALARY OR RATE	
07 4		6090	
18. REMARKS			
*STAFF EMPLOYEE SPECIAL			



LOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
2. STATION CODE		23. INTEGREE CODE		24. MONTHS Code		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
						09/27/31					
28. DATA CODE		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEN			
1B00043						EOD DATA					
35. COMP DATE		36. CAREER CATEGORY		37. FEGLI / HEALTH INSURANCE		38. SOCIAL SECURITY NO.					
04 10		CAN DISG CODE		CODE G - WAIVED F - YES		HEALTH INS CODE					
42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA							
		FORM EXECUTED CODE NO TAX EXEMPTIONS		FORM EXECUTED CODE NO TAX EXEMPTIONS		CODE NO TAX EXEMPTIONS		STATE CODE			
		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO					

SIGNATURE OR OTHER AUTHENTICATION:

SECRET

FORM 1150
(When Filled In)

FORM 1150
(When Filled In)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

QAF

1. SERIAL NUMBER 025798		2. NAME (LAST-FIRST-MIDDLE) WILCOTT JAMES B JR	
3. NATURE OF PERSONNEL ACTION EXCEPTED APPT* CAREER		4. EFFECTIVE DATE MO. DA YR 11 21 65	
5. CATEGORY OF EMPLOYMENT REGULAR		6. COST CENTER NO. CHARGEABLE 6135 1164 0000	
7. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J		8. FUNDING V TO V CF TO V X CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH U.S. FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH		10. LOCATION OF OFFICIAL STATION JMWAVE	
11. POSITION TITLE FISCAL ACCT ASST		12. POSITION NUMBER 1369	
13. SERVICE DESIGNATION SF		14. CLASSIFICATION SCHEDULE (GS, LH, etc.) GS	
15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4	
17. SALARY OR RATE 6830		18. REMARKS *STAFF EMPLOYEE : SPECIAL	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION 20. EMPLOY CODE 13 10		21. OFFICE CODING NUMERIC ALPHABETIC 51550 WH	
22. STATION CODE 99999		23. INTEGREE CODE	
24. HOURS CODE 2		25. DATE OF BIRTH MO DA YR 08 27 31	
26. DATE OF GRADE MO DA YR 09 15 63		27. DATE OF LET MO DA YR 09 13 64	
28. NTE EXP-RES NO DA YR		29. SPECIAL REFERENCE	
30. RETIREMENT DATA 1. CSC 2. FICA 3. NONE CODE 1		31. SEPARATION DATA CODE	
32. CORRECTION CANCELLATION DATA TYPE MO DA YR		33. SECURITY REQ NO. 00000	
34. SEX M1		35. VET. PREFERENCE	
36. SERV. COMP DATE MO DA YR 06 26 53		37. LONG COMP. DATE MO DA YR 03 04 57	
38. CAREER CATEGORY C		39. PEGLE / HEALTH INSURANCE CODE CODE 0 WAIVER HEALTH INS CODE 1 1 YES	
40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS 1	
42. LEAVE CAT CODE 6		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX ALIENPHONS 1 - YES 2 - NO 0 0	
44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMP STATE CODE 1 - YES 2 - NO		45. SIGNATURE OR OTHER AUTHENTICATION POSTED 12-22-65-11	

FORM 1150

Use Previous
Edition

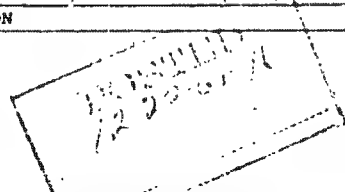
SECRET

GROUP 1
(Excluded from automatic
downgrading and
declassification)

(When Filled In)

PUN: 20 DEC 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 025790		2. NAME (LAST FIRST MIDDLE) Wilcott, James B Jr									
3. NATURE OF PERSONNEL ACTION RESIGNATION				4. EFFECTIVE DATE 11 29 65		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE 6133 1104 0000		8. CSC OR OTHER LEGAL AUTHORITY			
		CP TO V		CP TO CP							
9. ORGANIZATIONAL DESIGNATION DDP WH US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPERATIONAL SUPPORT FINANCE BRANCH						10. LOCATION OF OFFICIAL STATION JMWAVE					
11. POSITION TITLE FISCAL ACCT ASST						12. POSITION NUMBER 1353		13. SERVICE DESIGNATION SF			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS			15. OCCUPATIONAL SERIES 0501.03			16. GRADE AND STEP 07 4		17. SALARY OR RATE 6830			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 15		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE		23. INTEGREE CODE		24. MATR. CODE	
										25. DATE OF BIRTH 12 24 31	
26. NTE EXPIRES NO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE 1ED0081		32. CORRECTION/CANCELLATION DATA TYPE NO DA YR		33. SECURITY REQ NO	
										34. SEX	
35. VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		36. SERV. COMP DATE NO. DA YR		37. LONG COMP DATE NO DP YR		38. CAREER CATEGORY CAR DEPT PROV TEMP		39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO				44. STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: center;">  </div>											

FORM 11 62 1150

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME

SERIAL ORGN. FUNDS GR-STEP

OLD
SALARY

NEW
SALARY

025798 51 550 CF GS 07 4 \$ 6,650 \$ 6,890

Thelwell, James B

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

NCS 09/27/65

1 SERIAL NUMBER 2 NAME (LAST FIRST MIDDLE)

625798

Kilcath, James B

3 NATURE OF PERSONNEL ACTION

REASSIGNMENT

4 EFFECTIVE DATE

MO DA YR
09 31 65

5 CATEGORY OF EMPLOYMENT

6 FUNDS

V TO V

V TO G

G TO V

X G TO G

7 COST CENTER NO (CHARGEABLE)

5135 1164 0000

8 CW OR OTHER LEGAL AUTHORITY

9 ORGANIZATIONAL DESIGNATION

DDP/WH DIVISION
US FLD D CH STA OP SUP

10 LOCATION OF OFFICIAL STATION

JMWAVE

11 POSITION TITLE

FISCAL ACCT ASST

12 POSITION NUMBER

1369

13 CAREER SERVICE DESIGNATION

SF

14 CLASSIFICATION SCHEDULE (GS, LS, etc.)

GS

15 OCCUPATIONAL SERIES

0501.03

16 GRADE AND STEP

07

17 SALARY OR RATE

18 REMARKS

POSTED

6-365 HT

SIGNATURE OR OTHER AUTHENTICATION

Form 115C8
1-63 MFG 1-63

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

(4-51)

SECRET
(When Filled In)

DLB: 27 APR 65

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 025798		2. NAME (LAST FIRST MIDDLE) Wilett, James B									
3. NATURE OF PERSONNEL ACTION CAREER EXCEPTED APPT						4. EFFECTIVE DATE MO. DA YR 04 25 65		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 5135 1164 0000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			
		CF TO V		X				CF TO CF			
9. ORGANIZATIONAL DESIGNATIONS DOP/SAS U.S. FIELD FORWARD OPERATIONS STATION-JMWAVE DEPUTY FOR SUPPORT FINANCE BRANCH						10. LOCATION OF OFFICIAL STATION JMWAVE					
11. POSITION TITLE FISCAL ACCT ASST						12. POSITION NUMBER 1080		13. SERVICE DESIGNATION SF			
14. CLASSIFICATION SCHEDULE (GS, LB, etc) GS				15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4		17. SALARY OR RATE 6650			
18. REMARKS REPLACEMENT FOR EDNA C. JECENTHAL.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 13		20. EMPLOY CODE 10		21. OFFICE CODING NUM. ALPHABETIC 45760 SAS		22. STATION CODE 99999		23. INTERCEE CODE		24. MGRS CODE 2	
25. DATE OF BIRTH MO DA YR 09 27 31		26. DATE OF GRADE MO DA YR 09 15 63		27. DATE OF LEI MO DA YR 09 13 64		28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1. CSC 2. FICA 3. NONA CODE 1	
31. NTE EXPIRES MO DA YR		32. CORRECTION/CANCELLATION DATA TYPE MO DA YR		33. SECURITY REQ NO 00000		34. SEX M		35. VET. PREFERENCE CODE 1		36. SERV COMP DATE MO DA YR 06 26 53	
37. LONG COMP. DATE MO DA YR 04 57		38. CAREER CATEGORY CAP DIS. PROV. TEMP C		39. FEGLI / HEALTH INSURANCE CODE 1		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1		42. LEAVE CAT CODE 6	
43. FEDERAL TAX DATA FORM EXECUTED CODE 0		44. STATE TAX DATA FORM EXECUTED CODE 0		45. NO TAX EXEMPTIONS 1. YES 2. NO 0		46. STATE TAX DATA CODE 0		47. NO TAX EXEMPTIONS 1. YES 2. NO 0		48. STATE TAX DATA CODE 0	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>04/28/65 JK</i> </div>											

POSTED ON
OF-4b
28 APR 1965

FORM 1150
11-62

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

FORM 11-62 1150

Use Previous
Edition

SECRET

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

(When Filled In)

DLB: 9 OCT 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
035798		WILCOTT JAMES JR									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS				NO DA YR 10 11 64		REGULAR					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
X		CF TO V		CF TO CF		5277 0003 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDS OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION & TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
FINANCE ASSISTANT						0470		SF			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0510.16		07 4		6650			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. REGIONS CODE	
10		10		NUMERIC ALPHABETIC 13500 FIN		75013				25. DATE OF BIRTH	
26. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	
NO DA YR				1 - CSC 2 - FICA 3 - NONE		CODE		TYPE NO DA YR		34. SEC	
35. VET PREFERENCE		36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE		0 - NONE 1 - 5 PT 2 - 10 PT		NO DA YR		CAN DESI PROV TEMP		CODE CODE 0 WAIVER 1 YES		HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE				0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		FORM EXECUTED 1 - YES 2 - NO		NO TAX EXEMPTIONS		FORM EXECUTED 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
FROM: FE B											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 9 Oct 64 <i>JPS</i> </div>											

FORM 11-62 1150

Use Previous Edition

SECRET

GPO: 1
Includes Free Information
Designated by
Classification

(When Filled In)

SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.

[illegible]

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND OCI
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
WILCOTT JAMES B JR	025798	49	380	CF GS 07 3	\$ 5,910	\$ 6,185

1 Serial No		2 Name		3 Cost Center Number		4 LWOP Hours				
025798		WILCOTT JAMES B JR		49 380 CF		11F				
5. OLD SALARY RATE				6 NEW SALARY RATE				7 TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 07	3	\$ 6,185	09/15/63	GS 07	4	\$ 6,380	09/13/64			
8 Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE <i>[Signature]</i> DATE 1/1/64 PAY CHANGE NOTIFICATION <i>mck</i>										

SECRET
(When Filled In)

DLIS: 13 SEPT 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						09 15 63		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		X		CF TO CF		4137 7351 1000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/FE FOREIGN FIELD FE/ SUPPORT STAFF											
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
FISCAL ACCT ASST						3167		SF			
14. CLASSIFICATION SCHEDULE (GS, LO, etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0501.03		07 3		5910			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEREST CODE		24. HOURS CODE	
22		10		45380 FE		37587		3		09 27 31	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	
09 15 63		09 15 63		09 15 63							
31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SER		EOD DATA			
TYPE		NO DA YR		NO DA YR		NO DA YR		NO DA YR		NO DA YR	
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		NO DA YR		NO DA YR		CAN 31% CODE		CODE 0 WAIVER 1 - YES		HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA					
CODE		CODE		CODE		CODE		CODE		CODE	
0 - NO PREVIOUS SERVICE		1 - NO BREAK IN SERVICE		2 - BREAK IN SERVICE LESS THAN 3 YRS		3 - BREAK IN SERVICE MORE THAN 3 YRS		1 - YES 2 - NO		1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											

POSTED
09/25/63 DK

FORM 1150 1-62

Use Previous Edition

SECRET

19 SEP 63

GROUP 1
Excluded from automatic
downgrading and
declassification

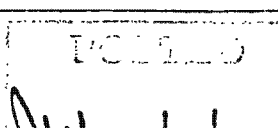
(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-737 AND
 DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 15 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GP-ST SALARY	NEW GP-ST SALARY
WILCOTT JAMES B JR	025798	56380	CF 06 4	\$ 5325	\$ 5545

ARE:9 NOV 1961

SECRET
 (When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
025798		WILCOTT JAMES B JR							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION				MO. DA. YR. 11 12 61		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
CF TO V		X		CF TO CF		2137 7351 1000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP FE FE/ SUPPORT STAFF									
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
FISCAL ACCT ASST				3167		SF			
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0501.03		06 4		5325			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
22	10	56380 FE		37587		3	09 27 31	11 12 61	11 12 61
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA	
MO DA YR		1. CSC 2. PICA 3. NONE		CODE		TYPE		MO DA YR	
								EOD DATA	
33. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. MIL SERV CREDIT/LCO		39. FEGLI / HEALTH INSURANCE	
CODE		MO DA YR		MO DA YR		1 - YES 2 - NO		CODE	
0 - NONE 1 - 8 PT 2 - 10 PT								0 - WAIVER 1 - YES	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
CODE				CODE		FORM EXECUTED CODE		STATE CODE	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)						1 - YES 2 - NO		1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="text-align: right;">  WILCOTT </div>									

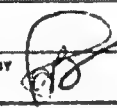
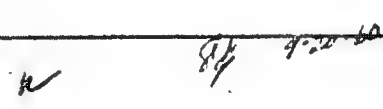


IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
SF	WILCOTT JAMES R JR	525798	51 71	GS-05 3	\$ 4,340	\$ 4,675

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET

(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME				3. ASSIGNED ORGN.		4. FUNDS		5.	
525798		WILCOTT JAMES R JR				DDP/FE 14		UV			
8. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
GS 05	3	\$ 4,675	09	20	59	GS 05	4	\$ 4,840	09	18	60
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
9. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						10. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						11. INITIALS OF CLERK			12. AUDITED BY 		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
13. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT						14. REMARKS 					
15. AUTHENTICATION 											
<div style="text-align: center;">  </div>											
PAY CHANGE NOTIFICATION											

(When Filled In)

1. Serial No.	2. Name	3. Civil Control Number	4. LWOP Hours
25778	WILCOTT JAMES B JR	DDP/FE 14	00
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Salary	Effective Date
GS	05	4	4,840
Grade	Step	Salary	Effective Date
GS	05	5	5,005
7. TYPE ACTION			
PSI	ISI	ADI	
8. Remarks and Authorization			
/ / NO EXCESS LWOP			
/ / IN PAY STATUS AT END OF WAITING PERIOD			
/ / IN LWOP STATUS AT END OF WAITING PERIOD			
<div style="text-align: center;"> En Route PAY CHANGE NOTIFICATION </div>			

Form 560

Obsolete Previous Edition

SECRET

(4-1)

SECRET

(When Filled In)

AES: 6 MAY 1960													NOTIFICATION OF PERSONNEL ACTION												
1. Serial No.				2. Name (Last-First-Middle)								3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD						
525798				WILCOTT JAMES B JR								Mo. Da. Yr.			None-0 5 Pt-1 10 Pt-2		Code		M 1		Mo. Da. Yr.				
7. SCD				8. CSC Name				9. CSC Or Other Legal Authority				10. Apmt. Affidav.			11. Ft GLI		12. LCD		13. Mil. Serv. Credit, LEO						
Mo. Da. Yr.				Yes-1 No-2				Code				Mo. Da. Yr.			Yes-1 No-2		Code		Mo. Da. Yr.						
06 26 53				1				50 USCA 403				Mo. Da. Yr.			Yes-1 No-2		Code		Mo. Da. Yr.						
												Mo. Da. Yr.			Yes-1 No-2		Code		Mo. Da. Yr.						
												Mo. Da. Yr.			Yes-1 No-2		Code		Mo. Da. Yr.						

PREVIOUS ASSIGNMENT

14. Organizational Designation										Code		15. Location Of Official Station										Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV, ACCOUNTS BR ACCOUNTING CONTROL SEC ACCTS RECEIVABLE AND PAYABLE UNIT										3803		WASH., D.C.										75013	
16. Dept. - Field				17. Position Title				18. Position No.				19. Serv.		20. Occup. Series									
Dept - 1 USfld - 3 Fign - 5				2 FISCAL ACCT CLK				0506				GS		0501.04									
21. Grade & Step				22. Salary Or Rate				23. SD		24. Date Of Grade				25. PSI Due		26. Appropriation Number							
05 3				\$ 4340				SF		Mo. Da. Yr.				Mo. Da. Yr.		0263 1040							
09 22 57										09 18 60													

ACTION

27. Nature Of Action				Code		28. Eff. Date			29. Type Of Employee				Code		30. Separation Data	
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*				06		Mo. Da. Yr.			REGULAR				01			
						05 15 60										

PRESENT ASSIGNMENT

31. Organizational Designation										Code		32. Location Of Official Station										Station Code	
DDP FE FE/ - SUPPORT STAFF -										5171												37587	
33. Dept. - Field				34. Position Title				35. Position No.				36. Serv.		37. Occup. Series									
Dept - 1 USfld - 3 Fign - 5				5 FISCAL ACCT ASST				3167				GS		0501.03									
38. Grade & Step				39. Salary Or Rate				40. SD		41. Date Of Grade				42. PSI Due		43. Appropriation Number							
05 3				\$ 4340				SF		Mo. Da. Yr.				Mo. Da. Yr.		0137 7351 3000							
09 23 57										09 18 60													

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED

01-16-60 JOK

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
AES: 2 OCT 1959														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD	
125798		WILCOTT JAMES B JR				Mo. Da. Yr. 09 27 31			Non-1 Code 5 Ps-1 10 Ps-2		1 M 1		Mo. Da. Yr. 03 04 57	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. MIL. SERV. Ven.	
Mo. Da. Yr. 06 26 53		Yes-1 Code No-2 1		50 USCA 403.1		Mo. Da. Yr. 09 27 31			Yes-1 Code No-2		Mo. Da. Yr. 03 04 57		Yes-1 Code No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - 2 USMIL - 4 Frgn - 6		Code 2 FINANCE ASST		0470		GS		0510.14			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 3		\$ 4340		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. 09 20 59		9 6300 20 004	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		Mo. Da. Yr. 10 04 59		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV, ACCOUNTS BR ACCOUNTING CONTROL SEC ACCTS RECEIVABLE AND PAYABLE UNIT				3803		WASH., D.C.				75013	
33. Dept - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept - 2 USMIL - 4 Frgn - 6		Code 2 FISCAL ACCT CLK		0506		GS		0501.04			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 3		\$ 4340		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. 09 10 60		0263 1040	

44. Remarks

FORM NO 1 MAR 57 1150

FORM NO 1 MAR 57 1150

SECRET

(4)

SECRET
(When Filled In)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGAN.		4. FUND		5. ALLOTMENT					
125798		WILCOTT JAMES B JR		DDS/COMPT 11		V-20		26.7.46					
6. OLD SALARY RATE					7. NEW SALARY RATE								
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE				
			MO	DA	YR				MO	DA	YR		
GS	5	2	\$ 4,190	09	21	58	GS	5	3	\$ 4,340	09	20	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER													
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP							
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY				
TO BE COMPLETED BY THE OFFICE OF PERSONNEL													
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS							
GRADE	STEP	SALARY	MO	DA	YR								
14. AUTHENTICATION													
PERIODIC STEP INCREASE - AUTHENTICATION													

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
MCM 25 MAR 59													
1. Serial No.		2. Name (Last-First-Middle)				3. Date of Birth		4. Vet. Pref		5. Sex		6. CS - EOD	
125798		WILCOTT JAMES B JR				Mo. Da. Yr. 09 27 31		Non-0 5 Pt-1 10 Pt-2		Code 1		Mo. Da. Yr. 03 04 57	
7. SCD		8. CSC Reimt.		9. CSC Or Other Legal Authority		10. Appt. Attday		11. FEGLI		12. LCD		13. Mil. Serv. Credit Acc.	
Mo. Da. Yr. 05 26 53		Yes-1 No-2 1		50 USCA 403		Mo. Da. Yr. 09 22 57		Yes-1 No-2		Mo. Da. Yr. 03 04 57		Yes-1 No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv		20. Occup. Series	
Dept - 2 USld - 4 Frgn - 6		Code 2 TIME LV PAY CLK.				0305.02		GS		0544.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 2		\$ 4190		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. 09 21 56		8 6304 20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		03 25 59		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				3803		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 2 USld - 4 Frgn - 6		Code 2 FINANCE ASST				0470		GS		0510.14	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 2		\$ 4190		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. 09 20 59		9 6300 20 004	

44. Remarks

POSTED

27 MAR 59

ORIGINAL SALARY INCREASE RETROACTIVELY EFFECTIVE
 12 JANUARY 1959 AUTHORIZED BY P. L. 85-617 AND 861
 EFFECTIVE SALARY AS OF 15 JUNE 1959 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
WILCOTT JAMES B JR	125798	GS-05-1	\$ 3,670	\$ 4,040

EDMOND H. STEWART
 ASST. DIRECTOR OF PERSONNEL

IN LIFU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTING RESULTING
 FROM R-20-250

SER #	NAME	SD	OLD SLOT	NEW SLOT	DATE
125798	WILCOTT JAMES B JR	SF	0305.02	305	01/12/59

SECRET
(WHEN FILLED IN)

1 EMP. SERIAL NO.	2.	3. NAME	4. ASSIGNED ORGAN.	5. FUNDS	6. ALLOTMENT						
125798		WILCOTT, JAMES B JR	DDS/COMPT	V-20							
6. OLD SALARY RATE			7. NEW SALARY RATE								
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS	5	\$ 4,040	09	22	57	GS	5	\$ 4,190	09	21	58
REMARKS											
<p style="text-align: center;">CERTIFICATION</p> <p>I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.</p>											
TYPED, OR PRINTED, NAME OF SUPERVISOR						DATE		SIGNATURE OF SUPERVISOR			
H. A. CHANDLER						13 August 1958		<i>H. A. Chandler</i>			
PERIODIC STEP INCREASE - CERTIFICATION											

FORM NO. 560
1 MAR 56

SECRET

PERSONNEL FOLDER

14

SECRET
(When Filled In)

00202

NOTIFICATION OF PERSONNEL ACTION														
MCM28 APRIL 58														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS: EOD	
125798		WILCOTT, JAMES B JR				Mo. Da. Yr. 09 27 31			None-0 5 P-1 10 P-2		1 M 1		Mo. Da. Yr. 03 04 57	
7. SCD		8. CSC Reint.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Bill. Comp. Sign	
Mo.	Da.	Yr.	Yes-1	Code			Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.
06	26	53	No-2	1	50 USCA 403 J					No-S		03	04	57
			No-2											

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occu. Series	
Dept. - 2	Code					0521.03		GS		0510.14	
USfld - 4											
Frqn - 6	2	FINANCE ASST									
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 1		\$ 3670		SF		Mo. Da. Yr. 03 22 57		Mo. Da. Yr. 04 21 58		8 6304 20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		Mo. Da. Yr. 04 21 58		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				3803		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occu. Series	
Dept. - 2	Code					0305.02		GS		0544.01	
USfld - 4											
Frqn - 6	2	TIME LV PAY CLK									
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 1		\$ 3670		SF		Mo. Da. Yr. 04 22 57		Mo. Da. Yr. 09 21 58		8 6304 20	

44. Remarks

POSTED
5/1/58

FORM NO 1150

1 MAR 58

SECRET

(4)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
MCM 21 FEB 58															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD		
125798		WILCOTT JAMES B JR				Mo. Da. Yr. 03 27 31			None-0 5 Pt-1 10 Pt-2 1		M 1		Mo. Da. Yr. 03 03 57		
7. SCD		8. CSC Reamt.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Post. Title		
Mo. Da. Yr. 06 26 53		Yes-1 No-2 1		50 USCA 403		Mo. Da. Yr. 03 03 57			Yes-1 No-2		Mo. Da. Yr. 03 03 57		Yes-1 No-2 2		

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code			
DDS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS BRANCH ALLOTMENT LEDGER SECTION				3802		WASH., D. C.				75013			
16. Dept. - Field		Code		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. - 2 USfld - 4 Frqn - 6		2		FISCAL ACCT CLK				30.01		GS		0501.04	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number			
05 1		\$ 3670		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. 09 21 58		8 6303 20			

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		02 23 58		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code			
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				3803		WASH., D. C.				75013			
33. Dept. - Field		Code		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. - 2 USfld - 4 Frqn - 6		2		FINANCE ASST				0521.03		GS		0510.14	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number			
05 1		\$ 3670		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. 09 21 58		8 6304 20			

44. Remarks



SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. Serial No. 12572	2. Name (Last-First-Middle) WILCOTT, JAMES P	3. Date Of Birth Mo. Da. Yr. 01 27 21	4. Vet. Prof. None-0 5 Pt-1 10 Pt-2 1	5. Sex M 1	6. CS - EOD Mo. Da. Yr. 02 04 97
7. SCB Mo. Da. Yr. 01 27 21	8. CSC Rebut. Yes-1 No-2 1	9. CSC Or Other Legal Authority 50 USCA 403 J	10. Apmt. Affidav. Mo. Da. Yr. 01 27 21	11. FEGLI Yes-1 No-2 1	12. LCD Mo. Da. Yr. 02 04 97
13. <small>See Form 104</small> Yes-1 No-2 2					

PREVIOUS ASSIGNMENT

14. Organizational Designations DUS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS BRANCH ALLOTMENT CLERK SECTION		Code	15. Location Of Official Station WASHINGTON, D. C.		Station Code
16. Dept. - Field Dept - 2 USfld - 4 Frqn - 6	17. Position Title FISCAL ADJT CLK	18. Position No. 20.01	19. Serv. GS	20. Occup. Series GS01.04	
21. Grade & Step GS 1	22. Salary Or Rate \$ 2.115	23. SD SF	24. Date Of Grade Mo. Da. Yr. 01 27 21	25. PSI Due Mo. Da. Yr. 01 27 21	26. Appropriation Number 8 - 202 20

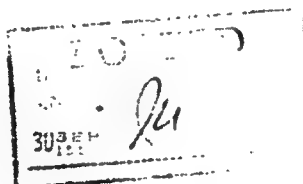
ACTION

27. Nature Of Action PROMOTION	Code 20	28. Eff. Date Mo. Da. Yr. 01 27 21	29. Type Of Employee REGULAR	Code 01	30. Separation Data
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PRESENT ASSIGNMENT

31. Organizational Designations DUS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS BRANCH ALLOTMENT CLERK SECTION		Code	32. Location Of Official Station WASHINGTON, D. C.		Station Code
33. Dept. - Field Dept - 2 USfld - 4 Frqn - 6	34. Position Title FISCAL ADJT CLK	35. Position No. 20.01	36. Serv. GS	37. Occup. Series GS01.04	
38. Grade & Step GS 1	39. Salary Or Rate \$ 2.205	40. SD SF	41. Date Of Grade Mo. Da. Yr. 01 27 21	42. PSI Due Mo. Da. Yr. 01 27 21	43. Appropriation Number 8 - 202 20

44. Remarks



CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

P.C. 9 Nov 56
0-5481 njw

1. NAME (DD - HSD - BUS - ONE, GIVEN NAME, INITIALS, AND SURNAME) MR. JAMES B. WILCOFF, JR.		2. DATE OF BIRTH 27 Sep 1931	3. JOURNAL OR ACTION NO.	4. DATE 4 Mar 1957
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Accepted Appointment		6. EFFECTIVE DATE 4 Mar 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j	
FROM		TO		
8. POSITION TITLE Fiscal Acct Clerk		1-30.01-4		
9. SERVICE, SERIES, GRADE, SALARY GS-0501.04-4		\$3415.00 per annum		
10. ORGANIZATIONAL DESIGNATIONS DDI/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section Washington, D. C.				
11. HEADQUARTERS 2				
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE WWII OTHER 5-PT. 10-POINT <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT		14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAL <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL		
15. SEX M	16. APPROPRIATION FROM 7-6303-20	17. SUBJECT TO C. 2. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) 4 Mar 1957	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS. Subject to the satisfactory completion of a trial period of one year. Subject to the satisfactory completion of a medical examination. RC-135 DOO 03/04/57 CSEOD 03/04/57 LCD 03/04/57 SCD 06/26/53 PSI due 03/03/58 2 DOO 03/04/57 <div style="border: 1px solid black; padding: 5px; display: inline-block;">POSTED 6 MAR 1957</div>				
ENTRANCE PERFORMANCE RATING:				

Director of Personnel

4. PERSONNEL FOLDER COPY

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 025798	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) Wilcott, James B., Jr.		2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07	5. SD SF
6. OFFICIAL POSITION TITLE Fiscal Acct Asst		7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/C		8. CURRENT STATION JMWAVE	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):		<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input checked="" type="checkbox"/> SPECIAL (Specify): Resignation			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - To) 26 Apr 65 - 15 Apr 66			
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Lists, computes and verifies <input type="checkbox"/> cover companies commercial payrolls involving approximately <input type="checkbox"/> persons. Prepares and verifies all salary checks. An accounting machine is used for payrolling.					RATING LETTER A
SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel.					RATING LETTER W
SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies.					RATING LETTER A
SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents.					RATING LETTER A
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER A

SECRET

SECTION C		NARRATIVE COMMENTS	
Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give rating for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B. Provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.			
<div style="text-align: right; font-weight: bold; margin-bottom: 5px;">JUL 15 10 37 AM '66</div> <p>During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion that being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12 months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION Subject departed the Station without seeing this Report.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 Jun 1966	Chief, Finance Branch	/s/ H. Robert Graham	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
6 July 1966	Deputy Chief for Support	/s/ William A. Jewett	

SECRET

SECRET
(When Filled In)

REVIEWED BY:

[Signature]

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
SECTION A				GENERAL	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
WILCOTT, James E, Jr.			27 Sep 1931	M	GS-07
5. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		
Finance Assistant			Fin/CFD/C&TAB		
8. CHECK (X) TYPE OF APPOINTMENT			9. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
ASAP			11 Oct. 1964 - 25 April 1965		
SECTION B					
PERFORMANCE EVALUATION:					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Analyzing Payroll Accounts					P
SPECIFIC DUTY NO. 2					RATING LETTER
Reconciling Tax and Retirement Accounts					P
SPECIFIC DUTY NO. 3					RATING LETTER
Computing Staff and Career Agents' Pay and Allowances					P
SPECIFIC DUTY NO. 4					RATING LETTER
Conducting Liaison with our Division regarding Payroll matters.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Preparing Correspondence					A
SPECIFIC DUTY NO. 6					RATING LETTER
Maintaining Leave records and Agents' Pay Files					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B and provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.

This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

30 April 1965

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

6

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

Employee had departed for PCS prior to this date.

DATE

30 April 1965

OFFICIAL TITLE OF SUPERVISOR

Chief, Staff Agents Accts. Sec.

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur.

DATE

30 April 1965

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, Compensation and Tax Div.

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 025798	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) Wilcott, James B. Jr			2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07
5. OFFICIAL POSITION TITLE Fiscal Acct Asst			7. OFF/DIV/BR OF ASSIGNMENT DDP/FE	9. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 Aug 64			12. REPORTING PERIOD (From - to) 1 July 1963 - 30 June 1964		
SECTION B PERFORMANCE EVALUATION					
W - <u>Weak</u>		Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.			
A - <u>Adequate</u>		Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.			
P - <u>Proficient</u>		Performance is more than satisfactory. Desired results are being produced in a proficient manner.			
S - <u>Strong</u>		Performance is characterized by exceptional proficiency.			
O - <u>Outstanding</u>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash [] U.S. dollars, (MFC).					P
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					P
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					P
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6 Advices TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER P
15 JUL 1964					

~~SECRET~~

SECTION C		NARRATIVE COMMENTS		OFFICE OF PERSONNEL
<small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties, if applicable.</small>				
<p>Subject has performed his duties in a competent manner. Unusually huge sums of money with few errors, and maintains the necessary statistical records.</p> <p>Cost consciousness and management of organization assets does not apply to this position.</p>				
SECTION D				
CERTIFICATION AND COMMENTS				
1. BY EMPLOYEE				
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT				
DATE	SIGNATURE OF EMPLOYEE			
9 Jun 64	/s/ James Wilcott			
2. BY SUPERVISOR				
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
23				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE		
9 Jun 64	Finance Officer	/s/ Frank Wells		
3. BY REVIEWING OFFICIAL				
COMMENTS OF REVIEWING OFFICIAL				
<p>Subject has held the position of Finance Disbursing Officer since his arrival at [] in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.</p>				
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE		
7 Jun 64	Finance Officer	/s/ []		

~~SECRET~~

FJTT 10,374, 31 May 63

CONFIDENTIAL
SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SO
WILCOTT, JAMES B. JR.			27 Sept 31	M	GS-6 SF
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT 8. CURRENT STATION		
FISCAL ACCT ASST			DDF/FE		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
CAREER RESERVE TEMPORARY			INITIAL ANNUAL REASSIGNMENT SUPERVISOR		
CAREER-PROVISIONAL (See Instructions - Section C)			X ANNUAL REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)		
			1 Jul 62 - 30 Jun 63		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (U. S. dollars, MPC).					P
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					P
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					P
SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENT

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

JUN 17 3 38 PM '63

MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 21 May 1963	SIGNATURE OF EMPLOYEE /S/ James B. Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 33	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 21 May 1963	OFFICIAL TITLE OF SUPERVISOR Finance Officer	TYPED OR PRINTED NAME AND SIGNATURE /S/ []
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL Concur in the evaluation.		
DATE 21 May 1963	OFFICIAL TITLE OF REVIEWING OFFICIAL Adm Officer	TYPED OR PRINTED NAME AND SIGNATURE /S/ Douglas S. Trabue

SECRET

CONFIDENTIAL

REVIEWED BY:

SECRET

(When Filled In)

J. J. Oliver
Jr. Career Service Board

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle) WILCOTT, James B.			2. DATE OF BIRTH 27 Sept 31		3. SEX M	4. GRADE GS-6	5. SD SF
6. OFFICIAL POSITION TITLE Fiscal Acct Asst.			7. OFF/DIV/BR OF ASSIGNMENT FE		8. CURRENT STATION		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 Apr 61 - 30 June 62				
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong: Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							RATING LETTER
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.							P
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.							P
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.							S
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.							S
SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.							P
SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.							P
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

SECTION D

CERTIFICATION AND COMMENTS

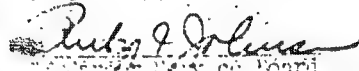
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 19 July 1962	SIGNATURE OF EMPLOYEE James B. Wilcott /e/	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 25	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 17 July 1962	OFFICIAL TITLE OF SUPERVISOR Finance Officer	TYPED OR PRINTED NAME AND SIGNATURE <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 17 July 1962	OFFICIAL TITLE OF REVIEWING OFFICIAL Finance Officer	TYPED OR PRINTED NAME AND SIGNATURE <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

SECRET

SECRET

(When Filled In)

INITIALS OF:



FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				525798		
SECTION A GENERAL						
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE	
WILCOTT, James B		27 Sept 1931		M	GS-05	
5. SERVICE DESIGNATION		6. OFFICIAL POSITION/TITLE		7. OFF/DIV/BR OF ASSIGNMENT		
SF		Fiscal Acct. Asst.				
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD				
x 31 May 1961		From 27 May 60 to 31 Mar 61				
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding						
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.		RATING NO. 4	SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.		RATING NO. 4	
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.		RATING NO. 4	SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.		RATING NO. 4	
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.		RATING NO. 5	SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.		RATING NO. 4	
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4	
SECTION D DESCRIPTION OF THE EMPLOYEE						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree 2 - Limited degree 3 - Normal degree 4 - Above average degree 5 - Outstanding degree						
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING		
				1	2	3
GETS THINGS DONE						X
RESOURCEFUL						X
ACCEPTS RESPONSIBILITIES					X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X	
DOES HIS JOB WITHOUT STRONG SUPPORT					X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE		X				
WRITES EFFECTIVELY		X				
SECURITY CONSCIOUS					X	
THINKS CLEARLY						X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X
OTHER (Specify):						
SEE SECTION "E" ON REVERSE SIDE						

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

State strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for greater responsibility, assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

MAIL ROOM

Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naiveté are sometimes disconcerting to those with whom he deals.

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE
3 May 1961

SIGNATURE OF EMPLOYEE
James B. Wilcott (Signed)

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION
8

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE
3 May 1961

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

☐ I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE
3 May 1961

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)

REVIEWED BY:

Paul J. Johnson
SUPERVISORY BOARD

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE		
Wilcott, James B. Jr.		27 September 1931		M	5-3		
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT			
SF	Fiscal Accountant Clerk			Compt/Finance/Accts			
8. CAREER STAFF STATUS				9. TYPE OF REPORT			
<input checked="" type="checkbox"/> NOT ELIGIBLE		<input type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> ANNUAL	
<input type="checkbox"/> REASSIGNMENT/SUPERVISOR		<input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)			
30 April 1960		1 APR 59 - 31 MAR 60					
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent	
5 - Excellent		6 - Superior		7 - Outstanding			
SPECIFIC DUTY NO. 1 Responsible for numbering, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine				RATING NO.		SPECIFIC DUTY NO. 1 (continued)	
						Records Division	
SPECIFIC DUTY NO. 2 Responsible for verifying the daily expenditure listing totals with the expended general ledger accounts.				RATING NO.		SPECIFIC DUTY NO. 2	
				4			
SPECIFIC DUTY NO. 3 Responsible for matching the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.				RATING NO.		SPECIFIC DUTY NO. 3	
				4			
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.							
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.							RATING NO. 4
SECTION D DESCRIPTION OF THE EMPLOYEE							
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee							
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree	
5 - Outstanding degree							
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	RATING	
						1	2
GETS THINGS DONE							3
RESOURCEFUL							4
ACCEPTS RESPONSIBILITIES							5
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES				X			
DOES HIS JOB WITHOUT STRONG SUPPORT							X
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X
WRITES EFFECTIVELY				X			
SECURITY CONSCIOUS							X
THINKS CLEARLY							X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				X			
OTHER (Specify):							
SEE SECTION "E" ON REVERSE SIDE							

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject has accepted a field assignment effective in June.

The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full potential. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.

He has an extremely good attitude toward his work and responds well to supervision.

This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and meaningful ratings and fair comparisons between the employee and his fellow workers of equal grade or responsibility. An "average" rating reflects an entirely satisfactory performance.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE 19 April 1960	SIGNATURE OF EMPLOYEE James E. Willett Jr.	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12 Months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):		
DATE 18 April 1960	OFFICIAL TITLE OF SUPERVISOR C/Voucher Review Unit	TYPED OR PRINTED NAME AND SIGNATURE
3. BY REVIEWING OFFICIAL		
I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE 4/18/60	OFFICIAL TITLE OF REVIEWING OFFICIAL DC/Accounts Branch	

SECRET

SECRET

REVIEWED BY:

When Filled In

RA
Carter & Johnson
149 8/19
EMPLOYEE SERVICE BOARD
EMPLOYEE SERIAL NUMBER
125798

FITNESS REPORT

SECTION A

GENERAL

1. NAME (Last) (First) (Middle) Wilcott, Jr. James B.			2. DATE OF BIRTH 27 Sept. 1931	3. SEX M	4. GRADE GS-5
5. SERVICE DESIGNATION SP		6. OFFICIAL POSITION/TITLE Time Leave Pay Clerk		7. OFF/DIV/BR OF ASSIGNMENT Compt/ Finance Division	
8. CAREER STATUS <input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			9. TYPE OF REPORT		
10. DATE REPORT DUE IN O.P. 30 April 1959		11. REPORTING PERIOD 1 Apr 58 - 31 Mar 59		12. SPECIAL (Specify)	

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Fundamental of Payroll		RATING NO. 3	SPECIFIC DUTY NO. 4 Coordinating liaison with Area divisions on payroll problems		RATING NO. 3	
SPECIFIC DUTY NO. 2 Preparation of all payroll documents considering base and premium pay and allowances		RATING NO. 3	SPECIFIC DUTY NO. 5 Application of Agency pay regulations		RATING NO. 4	
SPECIFIC DUTY NO. 3 Maintaining of leave records		RATING NO. 3	SPECIFIC DUTY NO. 6 Processing of checks		RATING NO. 4	

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.
3

SECTION D DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree							
CHARACTERISTICS					NOT APPLICABLE	NOT OBSERVED	RATING				
						1	2	3	4	5	
GETS THINGS DONE											
RESOURCEFUL											
ACCEPTS RESPONSIBILITIES											
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES											
DOES HIS JOB WITHOUT STRONG SUPPORT											
FACILITATES SMOOTH OPERATION OF HIS OFFICE											
WRITES EFFECTIVELY											
SECURITY CONSCIOUS											
THINKS CLEARLY											
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS											
OTHER (Specify):											

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his ~~ability to assume greater responsibilities~~ for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Mr. McCott is a genial and cooperative ~~person~~ ^{MAR 16 2:19 PM '59} liked and gets along with people. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does not ~~require~~ ^{require} supervision.

He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.

SECTION F

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE March 10, 1959	SIGNATURE OF EMPLOYEE James B. McCott Jr. <i>James B. McCott Jr.</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 3	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION <i>[Signature]</i>	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE March 10, 1959	OFFICIAL TITLE OF SUPERVISOR Time, Leave, Pay Supv.	TYPED OR PRINTED NAME AND SIGNATURE <div style="border: 1px solid black; height: 20px; width: 150px;"></div>
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL 		
DATE March 10, 1959	OFFICIAL TITLE OF REVIEWING OFFICIAL A/C, Staff Employees Accts. Sec	TYPED OR PRINTED NAME AND SIGNATURE <div style="border: 1px solid black; height: 20px; width: 150px;"></div>

SECRET

SECRET
(When Filled In)

FITNESS REPORT (Part I) - PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any portion. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

SECTION A.

GENERAL

1. NAME (Last) (First) (Middle) Wilcott, James B.		2. DATE OF BIRTH 27 Sept. 1931	3. SEX M	4. SERVICE DESIGNATION SP
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Comptroller - Fiscal Division		6. OFFICIAL POSITION TITLE Fiscal Asst. Clerk		
7. GRADE GS-5	8. DATE REPORT DUE IN OP 4 December 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 4 March 1957 - 4 December 1957		
10. TYPE OF REPORT (Check one)		SPECIAL (Specify)		
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT-SUPERVISOR <input type="checkbox"/> REASSIGNMENT-EMPLOYEE				

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/>	THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/>	THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/>	I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

11. THIS DATE 5 Dec. 1957	12. SUPERVISOR'S OFFICIAL TITLE Deputy Chief, Accounting Br.
------------------------------	---

13. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY	DATE
Posted Pos. Control <u>WHA</u>	<u>10 Dec 57</u>
Reviewed by POC <u>WHD</u>	<u>10 Dec 57</u>

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

14. THIS DATE 5 Dec. 1957	15. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL <u>[Signature]</u>	16. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, Accounting Branch
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SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

4 INSERT RATING NUMBER	1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
	2 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
	3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
	4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
	5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
	6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS: Mr. Wilcott is very industrious and accepts his assignments without hesitation.

SECRET

(When Filled In)

1. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- Rate performance on each specific duty considering ONLY effectiveness in performance of that specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	MAIL ROOM	INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS		PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS		TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES		DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO		KEEPS ROOMS
Typing	COORDINATES WITH OTHER OFFICES		DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS		MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE		EVALUATES SIGNIFICANCE OF DATA
- For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	3 - PERFORMS THIS DUTY ACCEPTABLY	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
	5 - PERFORMS THIS DUTY IN SUCH A FINE-MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	

SPECIFIC DUTY NO. 1 Records obligating instruments, supplements and adjustments relating to allotment accounting.	RATING NUMBER 4	SPECIFIC DUTY NO. 4 Assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year.	RATING NUMBER 4
SPECIFIC DUTY NO. 2 Prepares current analysis of allotment ledger accounts of unliquidated obligations.	RATING NUMBER 4	SPECIFIC DUTY NO. 5 Records liquidations and cancellations of obligations to individual allotment accounts.	RATING NUMBER 4
SPECIFIC DUTY NO. 3 Checks and reconciles items of expenditures with those in the allotment ledger accounting records.	RATING NUMBER 4	SPECIFIC DUTY NO. 6 Prepares summaries required for reconciliations and duplicate allotment records (copies) for forwarding to the various allottees.	RATING NUMBER 4

2. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Mr. Wilcott is very anxious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO. IF YES, EXPLAIN FULLY:

He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas assignment, as this was a part of his ambition in seeking employment with the Agency. It is believed that he could readily adapt himself to other duties in the field of accountancy.

SECRET

Standard Form No. 2873
FPM Supplement 501.1
MAY 1966

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM
NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

GAO 5000
2810-104

Part A—IDENTIFYING DATA

1 NAME (LAST) (FIRST) (MIDDLE-INITIAL)	2 DATE OF BIRTH	3 CARRIER CONTRACT NO.
Wilcott, James F., Jr.	9/27/31	078128
4 ADDRESS (NUMBER AND STREET)	5 PAYROLL OFFICE TOL.	6 ESTABLISHMENT CODE NO.
16620 S.W. 102 Avenue	11239901	425
(CITY) (STATE) (ZIP CODE)	7 DATE THIS ACTION BECOMES EFFECTIVE	
Ferris, Florida	23 April 1966	

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B—TERMINATION

☒ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE

Part C—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN

Part D—TRANSFER OUT

☐ YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM)

Part E—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT ☐

Part F—SUSPENSION

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE

Part G—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE. ☐

Part H—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO. ☐

NAME

ADDRESS IF DIFFERENT FROM PART A, ITEM 6, ABOVE

DATE OF BIRTH

Part I—CHANGE IN ENROLLMENT—SURVIVOR ANNUITY

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD ☐

YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J—REMARKS

Part K—DATE OF NOTICE

[Signature]
HEALTH BENEFITS OFFICER
(ALTERNATE)
Central Intelligence Agency
Washington 25, D. C.
5/30/66
DATE

U. S. GOVERNMENT PRINTING OFFICE: 1964 727-100 QUADRUPLICATE—To Employing Office

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER Robert D. CASH	DIVISION DWP/AM
INSTRUCTIONS: Use HR 20-33 and HR 20-1000 for guidance. Complete all items, inserting "N" when items are not applicable. Forward original and two copies for preparation of contract.		TELEPHONE EXTENSION 6576	DATE 26 April 1959
SECTION I GENERAL			
1. NAME <input checked="" type="checkbox"/> PSEUDO <input type="checkbox"/> TRUE [REDACTED]	2A. PROJECT W/Out	3. ALLOTMENT NO. SUS-1164	4. SLOT NO. 1035
5. PREVIOUS CIA PSEUDONYM OR ALIASES None	2B. PERMANENT STATION ALBANY	3A. FUNDS 100	
6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include dates and agency.) Staff Employee converting to Staff Agent			
7. SECURITY CLEARANCE (Type and date) Top Secret	7A. MEDICAL CLEARANCE <input checked="" type="checkbox"/> CONTAINED <input type="checkbox"/> INITIATED <input type="checkbox"/> NOT REQ'D.	8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Staff Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP U.S.A.	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE 33	14. DATE OF BIRTH (Month, day, year) 21 September 27, 1931
15. LEGAL RESIDENCE (City and state or country) Cold Brook, N. Y.		16. CURRENT RESIDENCE (City and state or country) Forestville, Md.	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE Wife 30 Son 6		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE N.A.	21. VETERAN Yes	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
23. BRANCH OF SERVICE U. S. Army	24. RANK OR GRADE Corporal	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY GS-07(4)	28. POST DIFFERENTIAL N.A.	29. COVER (Breakdown, if any) The gross cover compensation will be approximately the equivalent of subject's net Agency salary. The exact amount to be determined at finance briefing.	
		30. FEDERAL TAX WITHHOLDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS None	32. POST None	33. OTHER None	
34. COVER (Breakdown, if any)			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HME TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	37A. HME TO BE STORED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Wife U.S.A. 30 2 Sept. 1934 Son U.S.A. 6 16 Feb. 1959			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVERED POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

SECRET

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)		CASE OFFICER Robert D. CASILLAN		DIVISION DWP/MI	
NOTE: SEE INSTRUCTIONS ON FIRST SHEET.		TELEPHONE EXTENSION 6576		DATE 26 April 1965	

SECTION VIII		OTHER BENEFITS	
46. BENEFITS (See HR 20-44, HR 20-41, HR 20-7, HR 20-33, and HR 20-620-1, and/or successor regulations for benefits applicable to various categories of contract personnel.)			
Entitled to all benefits of a Staff Employee			

SECTION IX		COVER ACTIVITY	
47. STATUS (Check)	<input type="checkbox"/> PROPOSED <input checked="" type="checkbox"/> ESTABLISHED	48. TYPE (Check)	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> SUBSIDIZED <input type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> MILITARY <input type="checkbox"/> TOURIST <input type="checkbox"/> OTHER
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL			

SECTION X		OFFSET OF INCOME	
50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)			
<input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE			

SECTION XI		TERM	
51. DURATION	52. EFFECTIVE DATE	53. RENEWABLE	
<input type="checkbox"/> DAYS <input type="checkbox"/> MONTHS <input type="checkbox"/> YEARS		<input type="checkbox"/> YES <input type="checkbox"/> NO	
54. TERMINATION NOTICE (Number of days)	55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION XII		FUNCTION	
56. PRIMARY FUNCTION (CI, FI, PP, other)			
Support - Finance			

SECTION XIII		DUTIES	
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED			
Fiscal Accounting Assistant			

SECTION XIV		QUALIFICATIONS	
58. EXPERIENCE			
EOC CIA as Staff Employee 4 March 1957			

59. EDUCATION (Check Highest Level Attained)	GRADE SCHOOL		HIGH SCHOOL GRADUATE		TRADE SCHOOL GRADUATE		
	BUSINESS SCHOOL GRADUATE		COMMERCIAL SCHOOL GRADUATE				
	<input checked="" type="checkbox"/> COLLEGE (No degree)		COLLEGE DEGREE		POST GRADUATE		
60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)	LANGUAGE	SPEAK		WRITE		READ	
		FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR
	German			X		X	
	Japanese			X		X	
61. INDIVIDUAL'S COUNTRY OF ORIGIN							
U.S.A.							

SECTION XV		AREA KNOWLEDGE	
62. AREA KNOWLEDGE			
Okinawa, Japan			

SECTION XVI		EMPLOYMENT PRIOR TO CIA	
63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING			
Dec. 1948 - March 1957 - U. S. Army			

SECTION XVII		ADDITIONAL INFORMATION	
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (On other side if necessary)			

APPROVAL	
DATE	TYPED NAME & SIGNATURE OF REQUESTING OFFICIAL
DATE	TYPED NAME & SIGNATURE OF CONTRACT APPROVING OFFICER

Standard Form No. 2849 CHAPTER 1-5 F.P.M. 6-5-57 1000		ALTH BENEFITS REGISTRATION FC 1 6781			CARDER'S CONTROL NO. 078128
		FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Read instructions on back of last page. Use only typewriter or ballpoint pen.)			
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) Wheeler James D., Jr.		2. DATE OF BIRTH (Use numbers) MONTH DAY YEAR 9 27 31		3. Are you now married? YES <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBERS) (STATE) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		5. SEX MALE <input checked="" type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2		
	6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 3		7. Place an "X" in proper box to show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> 1 \$4,000 TO \$5,999 <input checked="" type="checkbox"/> 2 \$6,000 TO \$9,999 <input type="checkbox"/> 3 \$10,000 OR OVER <input type="checkbox"/> 4		
PART B FILL IN IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN. <small>If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.</small>	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)				
	NAME OF PLAN Association Benefit		OPTION (HIGH OR LOW) Low		ENROLLMENT CODE NUMBER 1 2 5
	2. In order to enroll all eligible family members without exception: List your wife or husband first, then your unmarried children under age 19, including legally adopted children and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)				
	NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		DATE OF BIRTH (Month, Day, Year)
	Wife or Husband Elsie Louise		9 9 31		<input type="checkbox"/> 6
Steven James (son)		2 16 59		<input type="checkbox"/> 7	
				<input type="checkbox"/> 8	
				<input type="checkbox"/> 9	
				<input type="checkbox"/> 10	
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support because of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input type="checkbox"/>					
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.				
	1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/> 2. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1 (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2 (c) Any other reason. <input type="checkbox"/> 3				
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	I elect to change my enrollment as shown by the enrollment number and other information in Part B.				
	1. Enrollment code number of present plan. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		2. Number of event which permits change. (See table on back of brochure for proper number.) <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		3. Date of event which permits change MONTH DAY YEAR <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
PART E ALL WHO REGISTER MUST FILL IN THIS PART	YOUR SIGNATURE—DO NOT PRINT <i>James D. Wheeler</i> (DATE) 11/1/60				WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)
	1. NAME AND ADDRESS OF EMPLOYING OFFICE				
PART F TO BE COMPLETED BY AGENCY.	2. DATE RECEIVED BY EMPLOYING OFFICE 1/24/61		3. EFFECTIVE DATE OF ELECTION 7/1/60		
	4. PAYROLL OFFICE NO.		5. PAYROLL ACTION (INITIALS AND DATE)		
SIGNATURE OF AUTHORIZED AGENCY OFFICIAL					
REMARKS FOR USE ONLY BY ANNUITANTS AND AGENCY. <div style="font-size: large; font-family: cursive;">11-367</div>					

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointees

CENTRAL INTELLIGENCE AGENCY
(Department or agency)

WASHINGTON, D. C.
(Bureau or division)

(Place of employment)

I, JAMES BERNARD WILCOTT, JR., do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

4 March 1957

(Date of entrance on duty)

James B. Wilcott, Jr.
(Signature of appointee)

Subscribed and sworn before me this 4th day of March A. D. 1957,

at Washington
(City)

D. C.
(State)

[SEAL]

Anna L. Phillips
(Signature of official)

Appointment Clerk

(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrest or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (Street and number, city and State)			
1436 B 1st Street N.W. Washington, D.C.			
2. (A) DATE OF BIRTH		(B) DATE OF BIRTH (city and State and foreign country)	
9/30/1931		Cleveland, Ohio	
3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY		(B) RELATIONSHIP	(C) STREET AND NUMBER, CITY AND STATE
			Utica, N.Y.
Mrs. Geroldine Mosher		sister	1510 Winterhast Ave
6. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If no, for each such relative fill in the blank below. If additional space is necessary, complete under item 12.			

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) DOMESTIC (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR- RIED	SIN- GLE (Check one)
		1.			
		2.			
		3.			
		1.			
		2.			
		3.			
		1.			
		2.			
		3.			

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
1. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (1) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	X		10. HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?		X
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes," give details in Item 12.</i>		X	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?		
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR PAY AND BENEFITS FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes," give details in Item 12.</i>		X	11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT: A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?		X X
8. HAVE YOU BEEN DISCIPLINED UNDER A CIVIL SERVICE LAW, OR THE LAW OF AN ARMY OR NAVY, OR UNDER ANY OTHER LAWS, STATUTE, OR OTHER LAW ENFORCEMENT ACT? OR HAVE YOU BEEN DISCIPLINED UNDER ANY LOCAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, OR UNION AGREEMENTS? DO INCLUDE TRAFFIC VIOLATIONS, PROBATION, RAPE, CHILD ABUSE, AND MURDER. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE FINISHED. <i>If your answer is "Yes," give in Item 12 for each case: (1) approximate date; (2) charges; (3) punishment; (4) action taken.</i>			B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?		X X
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DAINED BY THE U.S.C.B. LIES OR DISAPPROVED FROM TAKING EXAMINATIONS ON ACCEPTING CIVIL SERVICE APPOINTMENTS? <i>If your answer is "Yes," give dates of and reasons for such disbarment in item 12.</i>	X	X	C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? <i>If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.</i>		X

[illegible]

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment.

This form should be checked by the holder of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

12 March 1959

To: Personnel Division
From: James B. Wilcott, Jr.
Subject: Supplements to personnel records

Please add to my personnel records the attached information concerning my education and recently born child.

When I submitted my Personnel History Statement with my application for employment I was still attending business school. Therefore, my final transcript and graduation certificate were not included.

The attached auto-stat copies are attached as instructed by Personnel Division.

Also attached is a copy of my grade report for the 1st and 2nd semesters at the U. S. Department of Agriculture Graduate school for Elementary Federal Government Accounting.

James B. Wilcott Jr.
JAMES B WILCOTT JR

Syracuse

New York

Be it known that
James H. Wilcott

has completed the curriculum prescribed by the Faculty and Board of Directors of this
Institute and after examinations in all the required subjects is therefore adjudged worthy
of Graduation from the Course of

Executive Business Administration and Accounting

and is entitled to all the rights, privileges, and honors of the Institute, by which these
privileges are conferred.

In testimony whereof, witness the seal of the Institute and the signatures of its officers
are affixed at Syracuse, New York.

February 22, 1957

Donald J. Hall

Donald J. Hall, Sec. 10

Attitude toward Work Good
 Attitude toward Others Good
 Personal Appearance Good
 Attendance Average 1.2

Subject	Grade	Credits	Subject	Grade	Credits
English I	B	3	Research	C	3
English II	B	3	Advertising	D-	3
English III	B	3	Comp. Organization	D-	3
English IV	B	3	Public Relations	D-	3
English V	B	3	Comp. Finance I	D-	3
English VI	B	3	Comp. Finance II	D-	3
English VII	B	3	Local & National	B	3
English VIII	B	3	Statistics I	D	3
English IX	B	3	Statistics II	D	3
English X	B	3	Insurance	A	3
English XI	B	3	Investments	A	3
English XII	B	3	Real Estate	C+	3
English XIII	B	3	Banking & Finance	A-	3
English XIV	B	3	Comp. Psychology	A-	3
English XV	B	3	Building	A-	3
English XVI	B	3	Association	A-	3
English XVII	B	3	Mathematical Skills	A	3
English XVIII	B	3	Algebra	A	3
English XIX	B	3	Geometry	A	3
English XX	B	3	Calculus	A	3
English XXI	B	3	Statistics	A	3
English XXII	B	3	Psychology	A	3
English XXIII	B	3	Philosophy	A	3
English XXIV	B	3	History	A	3
English XXV	B	3	Science	A	3
English XXVI	B	3	Art	A	3
English XXVII	B	3	Music	A	3
English XXVIII	B	3	Physical Education	A	3
English XXIX	B	3	Health	A	3
English XXX	B	3	Life Science	A	3
English XXXI	B	3	Earth Science	A	3
English XXXII	B	3	Space Science	A	3
English XXXIII	B	3	Environmental Science	A	3
English XXXIV	B	3	Computer Science	A	3
English XXXV	B	3	Robotics	A	3
English XXXVI	B	3	Artificial Intelligence	A	3
English XXXVII	B	3	Biotechnology	A	3
English XXXVIII	B	3	Genetics	A	3
English XXXIX	B	3	Immunology	A	3
English XL	B	3	Microbiology	A	3
English XLI	B	3	Plant Biology	A	3
English XLII	B	3	Animal Biology	A	3
English XLIII	B	3	Human Biology	A	3
English XLIV	B	3	Physiology	A	3
English XLV	B	3	Psychiatry	A	3
English XLVI	B	3	Neurology	A	3
English XLVII	B	3	Orthopedics	A	3
English XLVIII	B	3	Pediatrics	A	3
English XLIX	B	3	Geriatrics	A	3
English L	B	3	Forensic Medicine	A	3
English LI	B	3	Medical Ethics	A	3
English LII	B	3	Medical Law	A	3
English LIII	B	3	Medical History	A	3
English LIV	B	3	Medical Literature	A	3
English LV	B	3	Medical Research	A	3
English LVI	B	3	Medical Education	A	3
English LVII	B	3	Medical Practice	A	3
English LVIII	B	3	Medical Management	A	3
English LIX	B	3	Medical Economics	A	3
English LX	B	3	Medical Sociology	A	3
English LXI	B	3	Medical Anthropology	A	3
English LXII	B	3	Medical Linguistics	A	3
English LXIII	B	3	Medical Literature	A	3
English LXIV	B	3	Medical History	A	3
English LXV	B	3	Medical Research	A	3
English LXVI	B	3	Medical Education	A	3
English LXVII	B	3	Medical Practice	A	3
English LXVIII	B	3	Medical Management	A	3
English LXIX	B	3	Medical Economics	A	3
English LXX	B	3	Medical Sociology	A	3
English LXXI	B	3	Medical Anthropology	A	3
English LXXII	B	3	Medical Linguistics	A	3
English LXXIII	B	3	Medical Literature	A	3
English LXXIV	B	3	Medical History	A	3
English LXXV	B	3	Medical Research	A	3
English LXXVI	B	3	Medical Education	A	3
English LXXVII	B	3	Medical Practice	A	3
English LXXVIII	B	3	Medical Management	A	3
English LXXIX	B	3	Medical Economics	A	3
English LXXX	B	3	Medical Sociology	A	3
English LXXXI	B	3	Medical Anthropology	A	3
English LXXXII	B	3	Medical Linguistics	A	3
English LXXXIII	B	3	Medical Literature	A	3
English LXXXIV	B	3	Medical History	A	3
English LXXXV	B	3	Medical Research	A	3
English LXXXVI	B	3	Medical Education	A	3
English LXXXVII	B	3	Medical Practice	A	3
English LXXXVIII	B	3	Medical Management	A	3
English LXXXIX	B	3	Medical Economics	A	3
English LXXXX	B	3	Medical Sociology	A	3

[illegible][illegible]

11. L. *Quercus agrifolia* Nutt.

25-10-1944

SECTION IX		MARITAL STATUS					
1. CHECK ONE:		<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> ANNULLED
2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS							
WIFE OR HUSBAND: IF YOU HAVE BEEN MARRIED MORE THAN ONCE, INCLUDING ANNULMENTS, USE SHEET FOR FORMER WIFE OR HUSBAND, GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.							
3. NAME OF SPOUSE (First) (Middle) (Nee) (Last)							
4. DATE OF MARRIAGE		5. PLACE OF MARRIAGE					
6. DATE OF BIRTH		7. PLACE OF BIRTH					
8. NATIONALITY AT BIRTH		9. SUBSEQUENT CITIZENSHIPS					
10. PRESENT RESIDENCE (Last residence, if deceased)							
SECTION X		CHILDREN					
FULL NAME	SEX		YEAR OF BIRTH	PLACE OF BIRTH	NATIONALITY AT BIRTH*		
	M	F					
STEVEN JAMES WILCOTT	X		1959	Washington, D. C.	U.S. citizen		
*SUBSEQUENT CITIZENSHIPS HELD BY ANY CHILD (Identify child and give his, or her, present address)							
SECTION XI		FATHER					
1. FULL NAME		2. YEAR OF BIRTH		3. PLACE OF BIRTH		4. NATIONALITY AT BIRTH	
5. SUBSEQUENT CITIZENSHIPS		6. OCCUPATION		7. PRESENT RESIDENCE			
SECTION XII		MOTHER					
1. FULL NAME		2. YEAR OF BIRTH		3. PLACE OF BIRTH		4. NATIONALITY AT BIRTH	
5. SUBSEQUENT CITIZENSHIPS		6. OCCUPATION		7. PRESENT RESIDENCE			

SECTION II CITIZENSHIP									
1. PRESENT CITIZENSHIP			2. NATIONALITY AT BIRTH AND ANY SUBSEQUENT CITIZENSHIPS (If different than Item 1.)						
3. PRESENT RESIDENCE (Indicate as owner, tenant or sub-tenant)									
4. PERMANENT ADDRESS (If different than Item 3.)									
5. IF U.S. NATURALIZED CITIZEN, GIVE NAME, DATE, CITY AND NUMBER OF CERTIFICATE GRANTED									
6. TRAVEL OUTSIDE COUNTRY OF PRESENT RESIDENCE (Countries, dates and purposes)									
SECTION III OCCUPATIONAL AND FINANCIAL DATA									
1. PRESENT OCCUPATION				2. TITLE			3. SALARY (Per annum)		
4. FINANCIAL STATUS (Earnings, bank deposits, securities and property)									
SECTION IV ORGANIZATIONAL AFFILIATIONS									
1. MEMBERSHIP IN RELIGIOUS ORGANIZATIONS									
2. PRESENT AND PAST MEMBERSHIP IN PROFESSIONAL AND SOCIAL ORGANIZATIONS; POLITICAL AFFILIATIONS									
SECTION V EDUCATIONAL DATA									
1. SCHOOLS									
NAME AND LOCATION OF SCHOOL		NAME OF COURSE		DATES ATTENDED		DEGREE RECEIVED			
				FROM	TO				
US Dept. of Agriculture Graduate School Wash D. C.		Elementary Federal Gov. Accounting 1st semester		Sept 1957	Feb 1958	Grade - B			
US Dept. of Agriculture Graduate School Wash D. C.		Elementary Federal Gov. Accounting 2nd semester		Feb 1958	May 1958	Grade - A			
2. LANGUAGES AND DIALECTS									
LANGUAGE (List below each language in which you possess any degree of competence.)		COMPETENCE							
		READ		WRITE		SPEAK		UNDERSTAND	
		YES	NO	YES	NO	YES	NO	YES	NO

SECRET

(When Filled In)

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT

THIS DATE

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I

GENERAL

1. FULL NAME (Last-First-Middle)

Wilcott, James Bernard Jr.

2. CURRENT ADDRESS (No., Street, City, Zone, State)

Governor Shepard Apts Apt 103
2121 Virginia Ave NW Washington, 7 D.C.

3. PERMANENT ADDRESS (No., Street, City, Zone, State)

Same

4. HOME TELEPHONE NUMBER

NA-8-3771 Ex 103

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE

Washington, D.C.

SECTION II

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.

Mrs. Elsie L. Wilcott

2. RELATIONSHIP

Wife

3. HOME ADDRESS (No., Street, City, Zone, State, Country)

2121 Virginia Ave NW Washington 7, D.C.

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE

2430 E St. Washington, D.C.

5. HOME TELEPHONE NUMBER

NA 8-3771 EX 103

6. BUSINESS TELEPHONE NUMBER

EX 3-6115

7. BUSINESS TELEPHONE EXTENSION

EX 3229

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

SECTION III

MARITAL STATUS

1. CHECK (X) ONE:



SINGLE



MARRIED



WIDOWED



SEPARATED



DIVORCED



ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

NA

SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancé.

3. NAME

(First)

Elsie

(Middle)

Louise

(maiden)

Paul

(Last)

Wilcott

4. DATE OF MARRIAGE

9/9/55

5. PLACE OF MARRIAGE (City, State, Country)

Eagle Bay, New York USA

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)

Cold Brook, New York USA

CODED

7. LIVING

☒

YES

☐

NO

8. DATE OF DEATH

9. CAUSE OF DEATH

NA

FOR

10. CURRENT ADDRESS (Give last address, if deceased)

2121 Virginia Ave NW, Washington 7, D.C.

QUALIFIED
DATE 15 AUG 1958

11. DATE OF BIRTH

9/9/34

12. PLACE OF BIRTH (City, State, Country)

Cold Brook, New York

13. IF BORN OUTSIDE U.S.-DATE OF ENTRY

NA

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

USA

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION

Govern. clerk sten

19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)

20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)

2430 E St. Washington, D.C.

SECTION III CONTINUED TO PAGE 2

(When Filled In)

SECTION III CONTINUED FROM PAGE 1		
21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR None		
22. BRANCH OF SERVICE NA	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED	
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN None		
SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS		
1. FULL NAME (Last-First-Middle) None		2. RELATIONSHIP
3. AGE		
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP
3. AGE		
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP
3. AGE		
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP
3. AGE		
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP
3. AGE		
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES		
SECTION V FINANCIAL STATUS		
ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.		
DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.		
My wife also receives a salary.		
WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.		
None		

SECTION V CONTINUED TO PAGE 3

SECRET

SECRET

(When Filled In)

SECTION V CONTINUED FROM PAGE 2

8. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
The National Bank of Washington	Washington, D. C.

9. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES ☐ NO ☒

10. IF YOU HAVE ANSWERED "YES" TO QUESTION 9 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP USA	2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE: <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (Specify):
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. GIVE PARTICULARS
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (FBI papers, etc.) NA	

SECTION VII EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER 70 YEARS OF AGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input checked="" type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT	DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR HRS. COMPLETED (Specify)
		FROM	TO			
Utica College of Syracuse Univ. Utica, NY	Math	Feb. 53	June 55	None		

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	
Central City Business Institute	Accounting (2 years)	Feb. 1955	Feb. 1957	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL WEEKS
		FROM	TO	
Ft. Belvoir Engineer School	electrician	April 1949	June 1949	8

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE At present taking a course at US Dept of Agr.
Title - Elementary Federal Government Accounting

SECRET

SECRET
(When Filled In)

SECTION VIII GEOGRAPHIC AREA KNOWLEDGE						
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
Okinawa		6/49 to 3/51	X			

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY		
			HDQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING

SECTION IX TYPING AND STENOGRAPHIC SKILLS				
1. TYPING (P.M.) 40	2. SHORTHAND (P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM		
		GREGG	SPEEDWRITING	STENOGRAPHY
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.) National Bookkeeping				

SECTION X SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH Chess - Fair, Football - fair	
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK US Dept of Agr. Graduate School - Elementary Federal Government Accounting	
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTHAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC. National Bookkeeping machines, comptometer, calculator	
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE; NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN. None	
5. FIRST LICENSE OR CERTIFICATE (Year of issue)	6. LATEST LICENSE OR CERTIFICATE (Year of issue)

SECRET

SECRET
(When Filled In)

SECTION X CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

None

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

None

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

None

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

None

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
3/20/57 to 2/15/58	5	Fiscal Div. Accounts Branch
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
None	Accounting Clerk	
6. DESCRIPTION OF DUTIES		
Posting of financial transactions to Allotment Ledgers		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
2/15/58 to Present	5	Finance Div. Tax and Compensation Branch
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
None	Payroll Clerk	
6. DESCRIPTION OF DUTIES		
Preparation of payroll documents considering base and premium pay and allowances, Maintaining of leave records, Conduct liaison with area division on payroll problems, Application of Agency pay regulations.		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET

SECRET

(When Filled In)

SECTION XII

CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.	2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE, WHO ARE NOT SELF-SUPPORTING.
--	---

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS						
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
None						

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

I feel that my instruction at the Dept. of Agr. Graduate School is giving me a good foundation in governmental accounting and I sincerely hope it will be considered in future assignments.

RECORDED
 JUN 14 10 23 AM '58

DATE COMPLETED <u>4/12/58</u>	SIGNATURE OF EMPLOYEE <u>Charles E. G. [illegible]</u>
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(When Filled In)

1124

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) WILCOTT	(First) JAMES	(Middle) BERNARD JR.	SOCIAL SECURITY NUMBER <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
---	-------------------------	--------------------------------	--

1. RESIDENCE DATA	
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED SYRACUSE, N.Y.	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE COLD BROOK, N.Y.	HOME LEAVE RESIDENCE

2. MARITAL STATUS (Check one)	
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED	
IF MARRIED, PLACE OF MARRIAGE ENGLISHTOWN, N.Y.	DATE OF MARRIAGE 9/7/54
IF DIVORCED, PLACE OF DIVORCE DECREE	DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED	DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)	

3. MEMBERS OF FAMILY			
NAME OF SPOUSE ELSIE LOUISE	ADDRESS (No., Street, City, Zone, State) COLD BROOK, N.Y.	TELEPHONE NO.	
NAMES OF CHILDREN STEVEN JAMES	ADDRESS COLD BROOK, N.Y.	SEX M.	DATE OF BIRTH 2/16/59
NAME OF FATHER (Or male guardian) JAMES BERNARD WILCOTT	ADDRESS UNKNOWN	TELEPHONE NO.	
NAME OF MOTHER (Or female guardian) ESTHER MAUD WILCOTT	ADDRESS 1510 BRIMMERIDGE AVE. LITICA, N.Y.	TELEPHONE NO.	
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.			

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
NAME (Mr., Mrs., Miss) (Last-First-Middle) GERALDINE FRANCIS HOSMER	RELATIONSHIP SISTER
HOME ADDRESS (No., Street, City, Zone, State) 1510 BRIMMERIDGE AVE. LITICA, N.Y.	HOME TELEPHONE NUMBER
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organizer from he believes you work for.) US ARMY	YES	<input type="checkbox"/>
	NO	<input checked="" type="checkbox"/>
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)	YES	<input type="checkbox"/>
	NO	<input checked="" type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.) YES	YES	<input checked="" type="checkbox"/>
	NO	<input type="checkbox"/>

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

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(When Filled In)

<p>8. VOLUNTARY ENTRIES</p> <p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p> <p>INDICATE NAME AND ADDRESS OF ALL BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p><i>CITIZEN'S BANK OF MARYLAND</i> <i>RIVERDALE, MD # 460-1-596</i></p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" where is document located?) <i>NO. XXXXX</i></p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>		
<p>9. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</p>		
<p>SIGNED BY <i>Washington, D.C.</i> DATE <i>15 April 1965</i> SIGNATURE <i>James E. Wilcott Jr.</i> <i>James E. Wilcott Jr.</i></p>		

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STATEMENT OF PRIOR FEDERAL CIVIL AND MILITARY SERVICE
AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I—EMPLOYEE'S STATEMENT										PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					9. RETENTION GROUP		
WILCOTT, JAMES BERNARD, JR.					27 Sept. 1931					10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT		
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										11. SERVICE		
NAME AND LOCATION OF AGENCY		FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN		YEAR MONTH DAY		
None		YEAR MONTH DAY			YEAR MONTH DAY							
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"												
BRANCH		FROM—			TO—			DISCHARGE (Hon or dishon.?)		YEAR MONTH DAY		
U. S. Army		1948 Dec 13			1952 Apr 20			Hon.		03 08 08		
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE 03-08-08		
TYPE IF KNOWN (ZWOP, Purl, Susp, AWOL, Mer Mar)		FROM—			TO—			TOTAL		13. NONCREDITABLE SERVICE (Leave purposes only):		
		YEAR MONTH DAY			YEAR MONTH DAY			YEARS MONTHS DAYS				
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)										14. NONCREDITABLE SERVICE (RIF purposes only):		
7. ARE YOU:										15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
A. THE WIFE OF A DISABLED VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										17. EXPIRATION DATE OF RETENTION RIGHTS		
C. THE UNREMARKED WIDOW OF A VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief. <u>4 March 1957</u> (DATE) Subscribed and sworn to before me on this <u>4th</u> day of <u>March</u> 1957 at <u>Washington, D. C.</u> (MONTH) (CITY) (STATE) S E A L <u>Carroll E. Phillips</u> Appointment Clerk NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown. INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.												

(OVER)

16-50422-2

Part III.—DETERMINATION OF COMPETITIVE STATUS. (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter S2.) Employee has a competitive status. This determination is based upon the following evidence:

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

*Verified
6/4/57*

PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COM- PUTATION DATE (Leave Purposes)
Years	03	/	03	57	03	53
Months	08	/	08	03	08	06
Days	08	/	08	04	08	26

PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES. (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 14)	CREDITABLE SERVICE (RIF Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (RIF Purposes)	SERVICE COM- PUTATION DATE* (RIF Purposes)
Years						
Months						
Days						

* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

REMARKS:

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(When Filled In)

SECURITY APPROVAL

DATE : 20 November 1965

YOUR
REFERENCE: Memorandum dated 18 November 1965

CASE NO. : 109301

TO : Director of Personnel

ATTN :

SUBJECT : WILCOTT, James B., Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.
3. As part of the entrance on duty processing:

☐ A personal interview in the Office of Security must be arranged.

☒ A personal interview is not necessary.

☐ Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

Steven L. Kuhn
Steven L. Kuhn
Chief, Personnel Security Division

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(When Filled In)

STAFF AGENT CLEARANCE

DATE : 19 April 1965

YOUR REFERENCE: 32273

CASE NO. : #109301

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

SUBJECT : ~~XXXXXXXXXXXXXXXXXXXX~~ *Killett, James B*

1. This is to advise that a security clearance is granted for the employment of the Subject as a Staff Agent, GS-07, by DDP/WH in the capacity of

Fiscal Acct. Asst., at JMWAVE.

2. If your office should desire at a later date to change the status or use of the Subject, a request to cover any proposed change should be submitted to this office.

3. Unless arrangements are made within 60 days for entrance on duty within 120 days, this Approval becomes invalid.

4. As a part of entrance on duty processing:

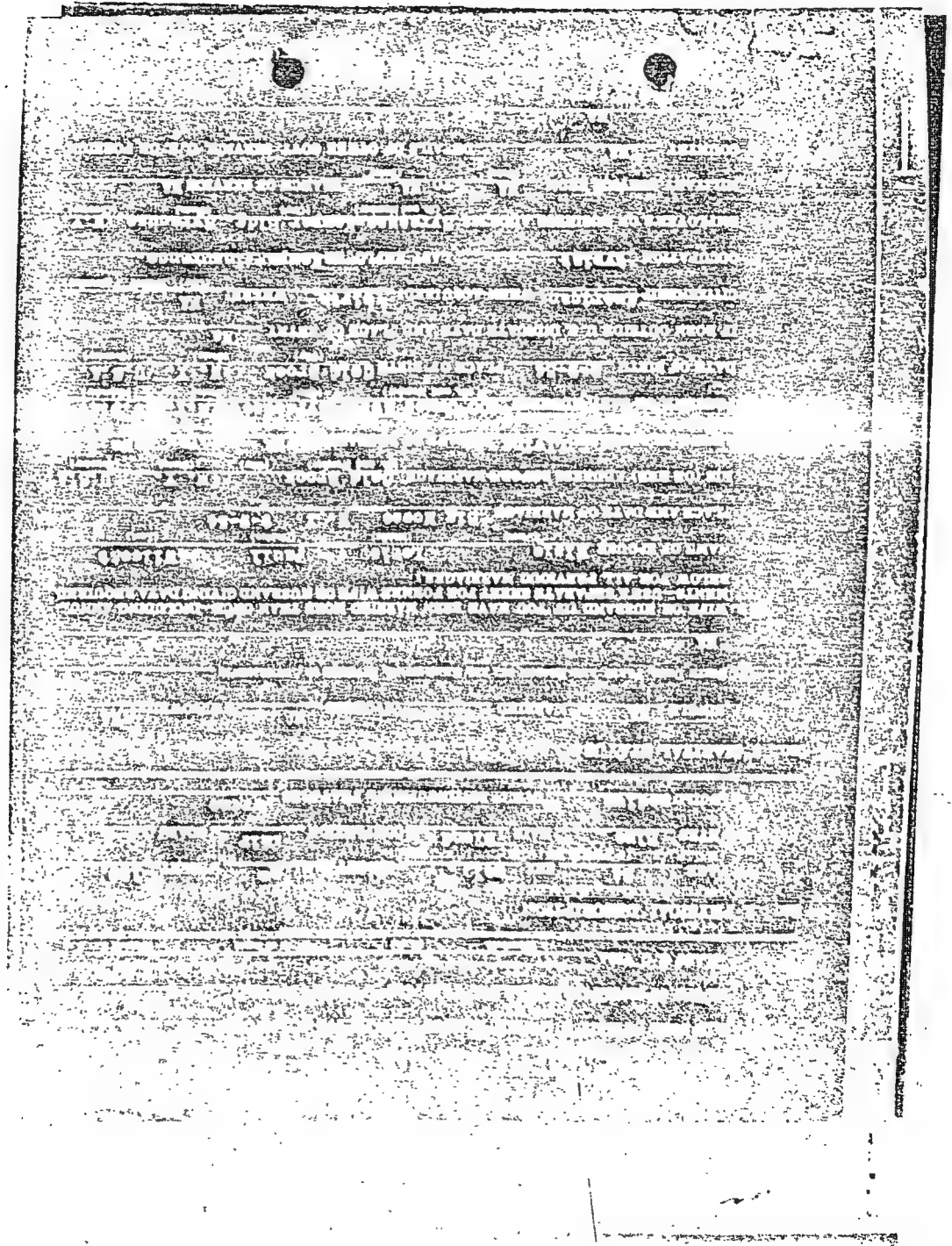
☐ A personal interview in the Office of Security must be arranged by your office.

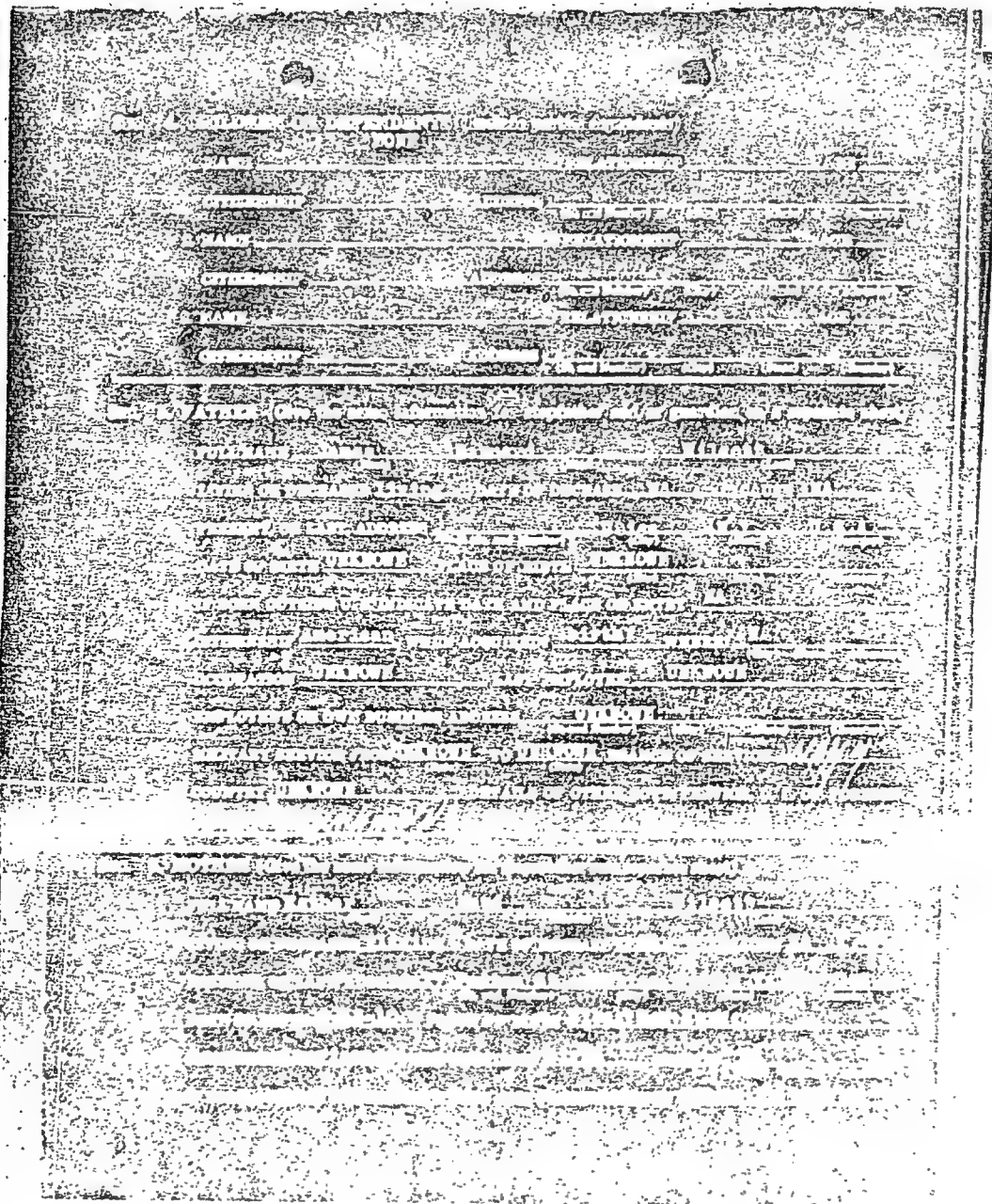
☒ A personal interview is not necessary.

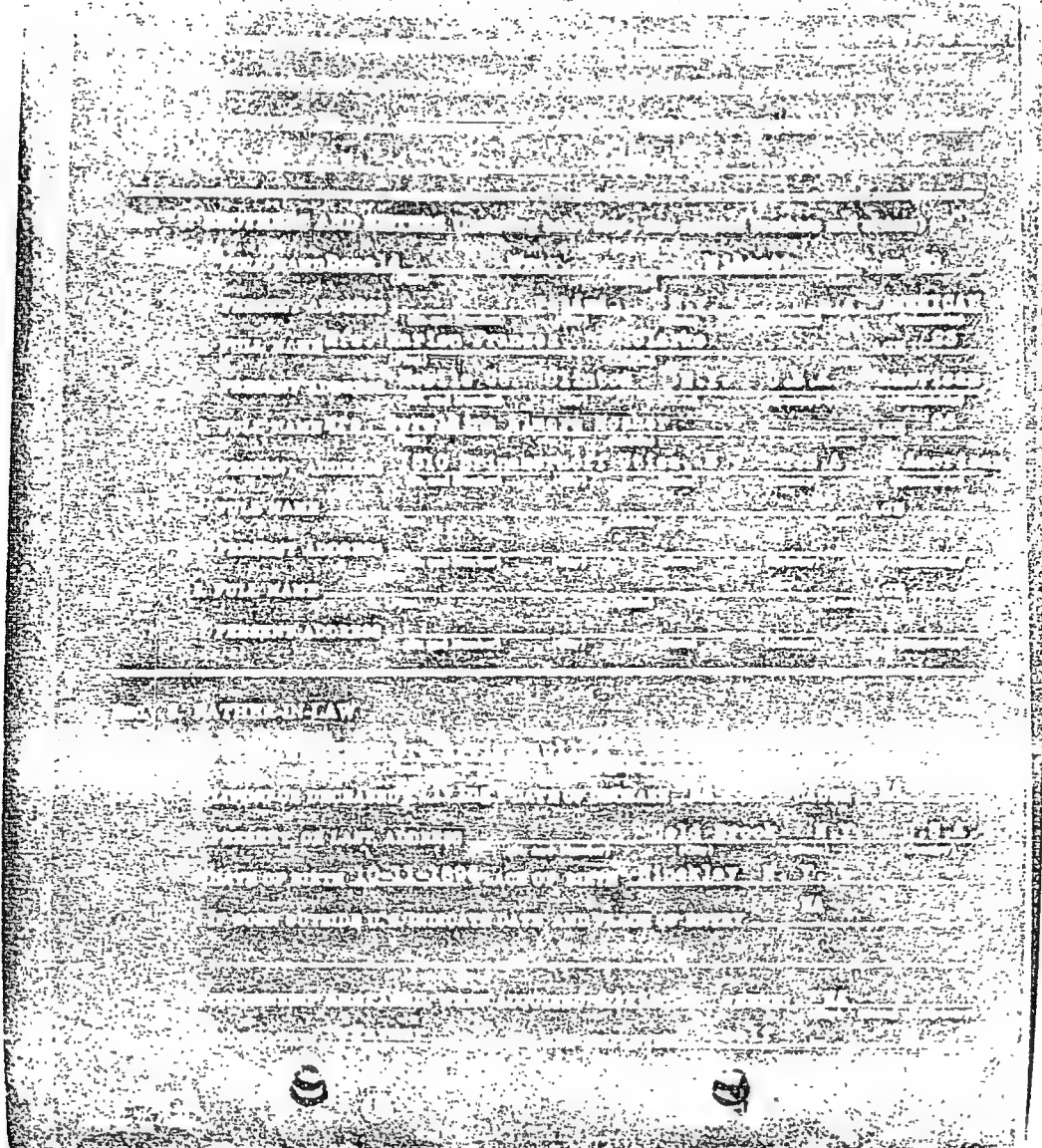
☐

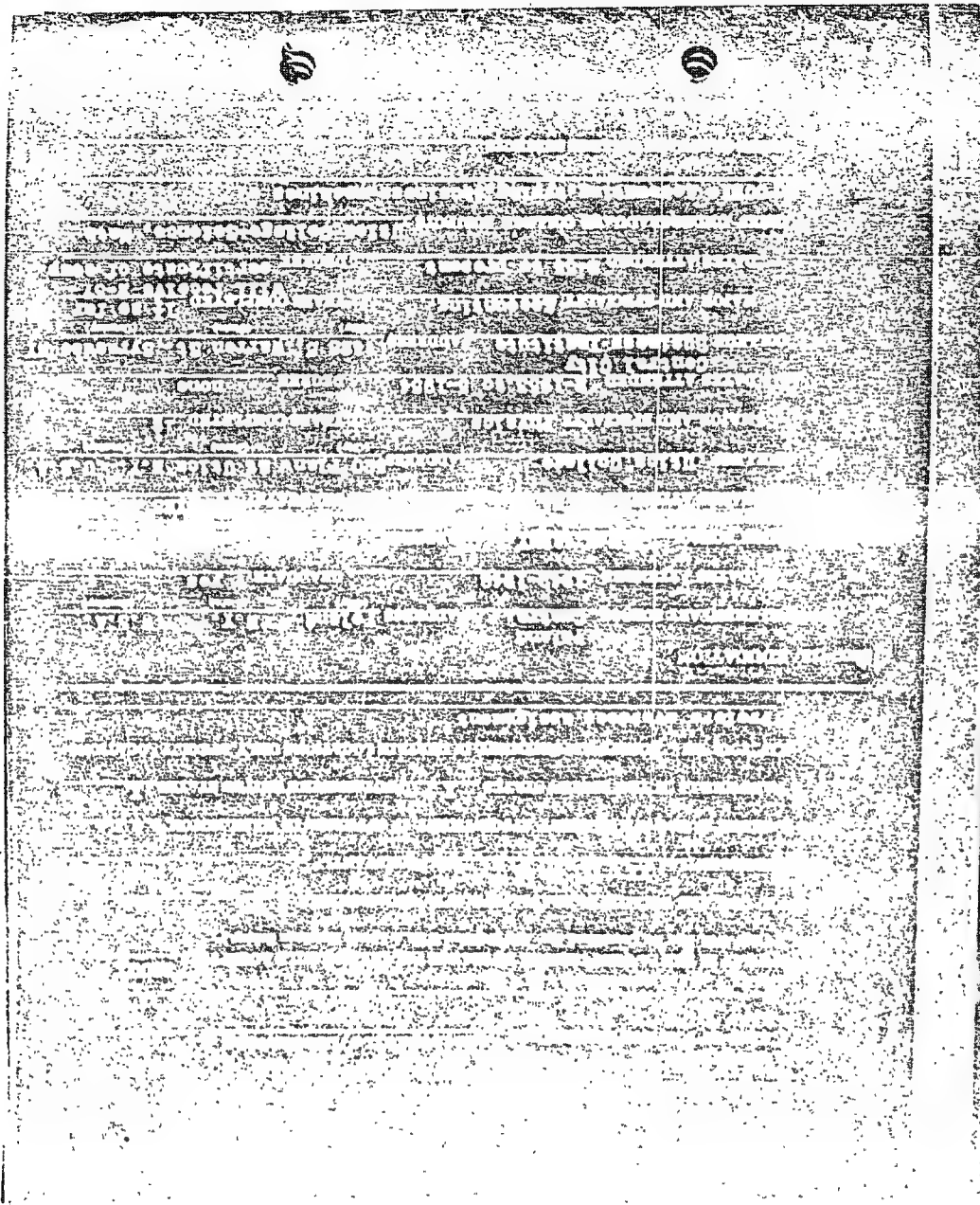
W. A. Cochran

W. A. Cochran
CHIEF, PERSONNEL SECURITY DIVISION, GS

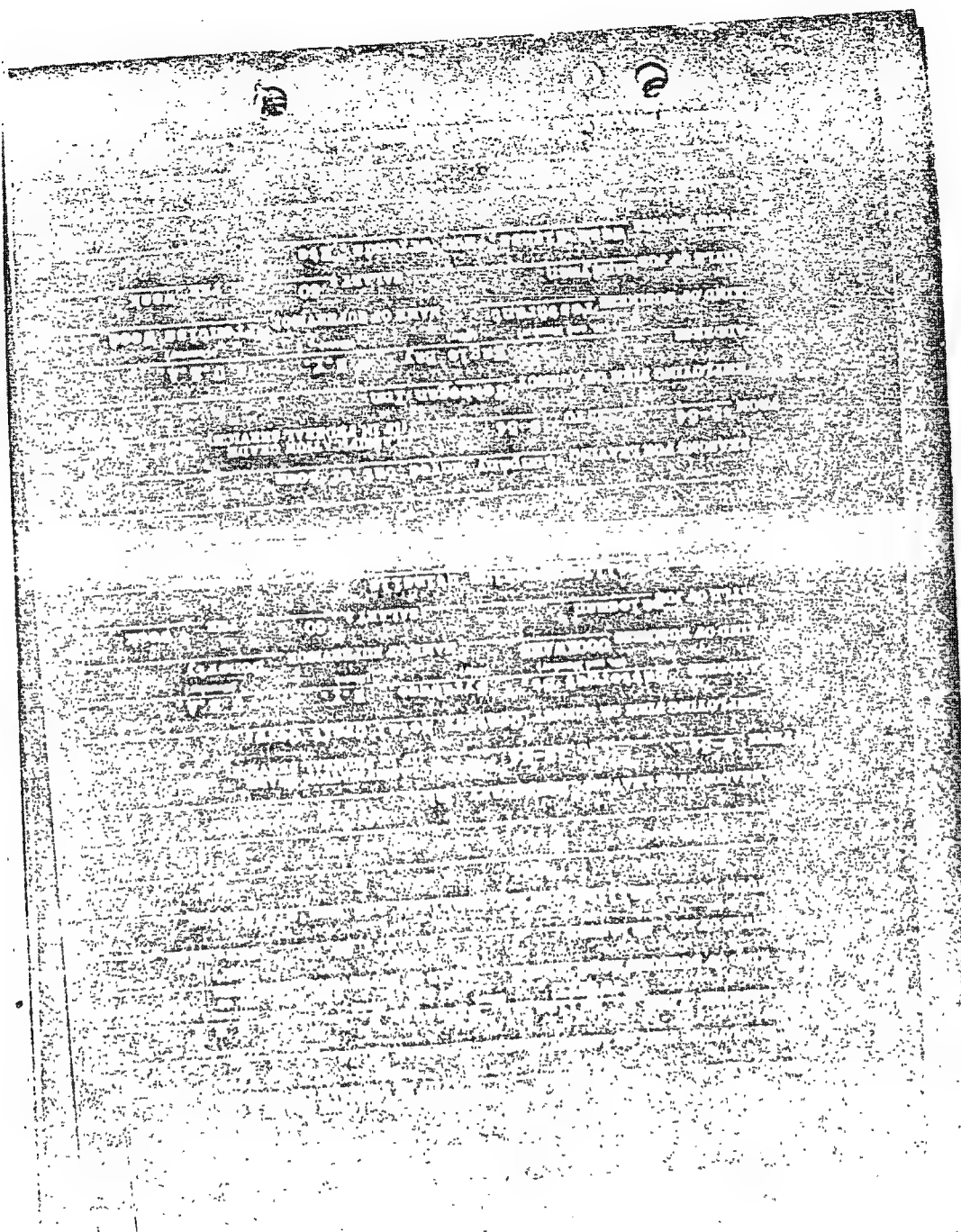








[illegible]

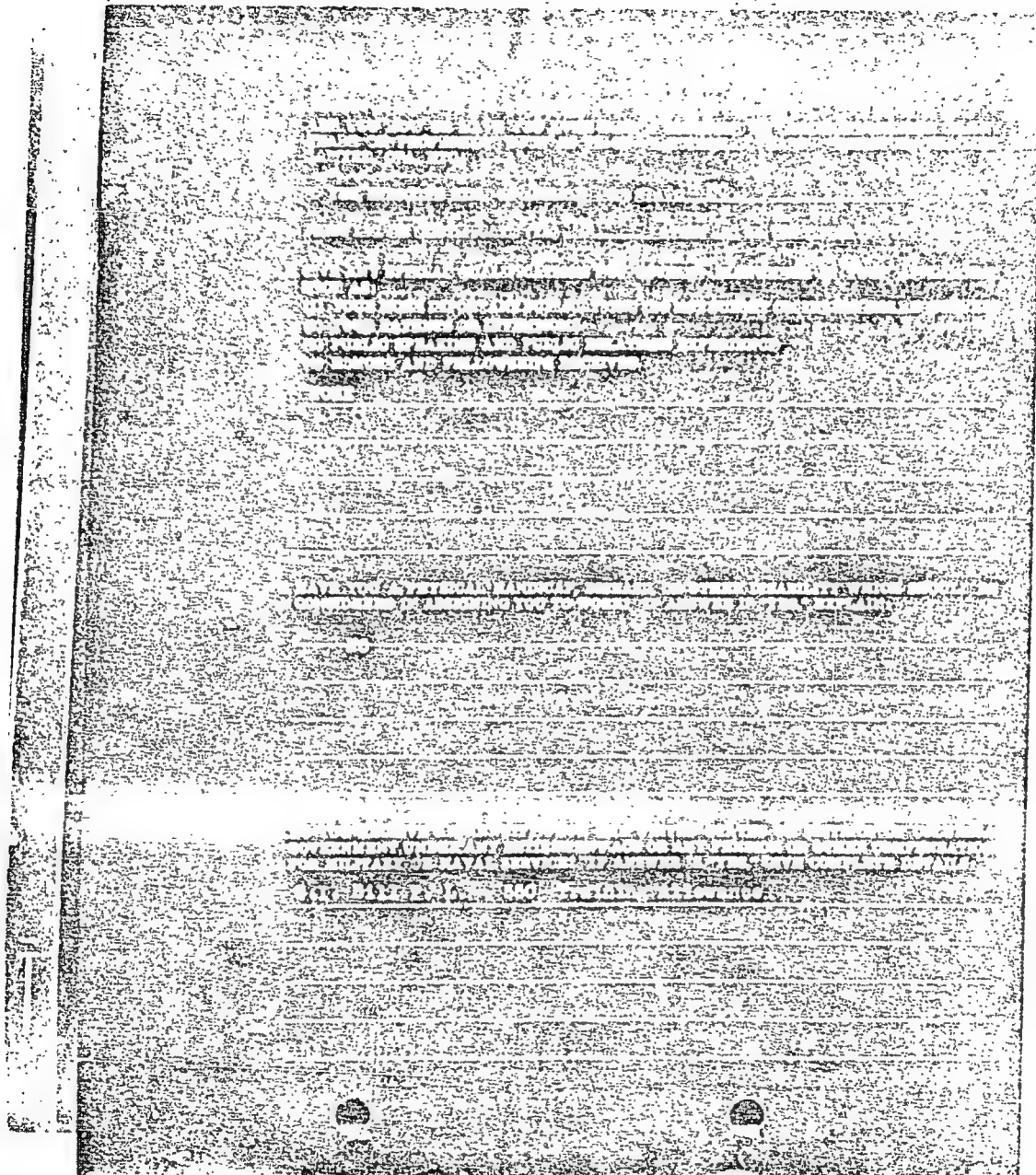


WAVE TO LIVE BEEN PRO/ING
TION: HAVE TO LIVE IN A POSITION
DESIRED TO EXPAIN: GIVE DETAILS
TO

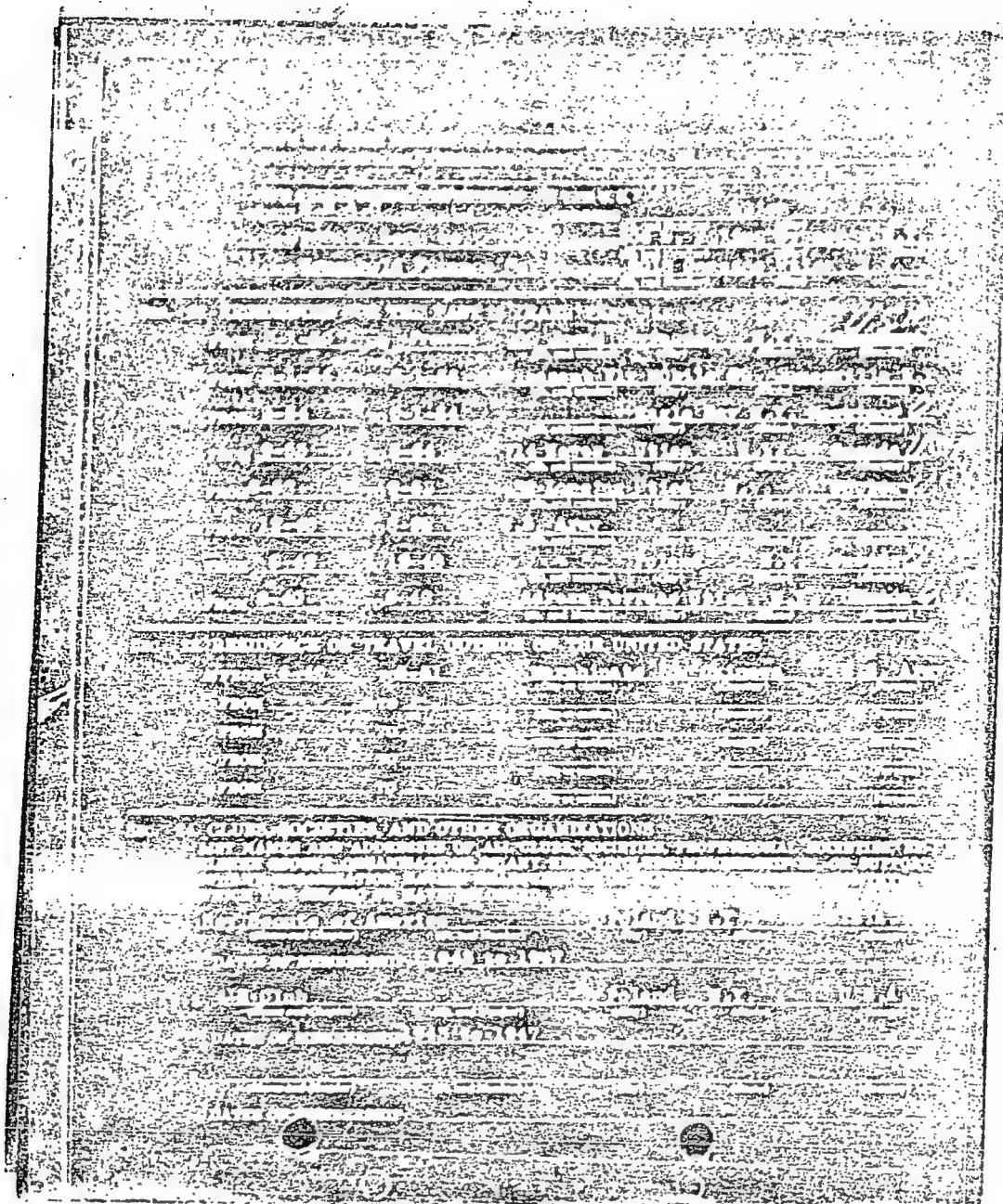
QUANTIFICATION

WAVE TO LIVE BEEN PRO/ING
TION: HAVE TO LIVE IN A POSITION
DESIRED TO EXPAIN: GIVE DETAILS
TO

JAMES B WILCOTT JR
MAR 57



JAMES B WILCOTT JR
MAR 57



[The body of the document contains several paragraphs of text that are extremely faint and illegible due to heavy noise and poor scan quality. The text appears to be organized into sections, possibly separated by horizontal lines.]

JAMES B. WILCOX JR.
MAR 57

the rest of my employment record is as follows:

[illegible][illegible][illegible]

... ..

17168

1. The first group of people who are not in the labor force are those who are not in the labor force because they are not in the labor force. This group is the largest group of people who are not in the labor force.

[illegible]

... ..

— 100 —

...and the other is the fact that the system is not yet fully developed.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

[Faint handwritten notes at the bottom of the page]

...and the fact that the *in vitro* and *in vivo* results are in good agreement.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion. The number of people aged 65 and over is expected to increase from 250 million to 450 million. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion.

FUTURE!

100

108

JAMES B WILCOTT JR
MAR 57

MAR 57

CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 9 November 1956

TO: Chief, Records & Services Division
Personnel Office
FROM: Chief, Security Division
Personnel
SUBJECT: WILCOTT, James Bernard, Jr.

Your Reference: C-5841 Compt.

Case Number: 109301

1. This is to advise you of security action in the subject case as indicated below:

- ☒ Security approval is granted the subject person for access to classified information.
- ☐ Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- ☐ The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.

W. M. Knott
W. M. Knott
my

(Black A. Brown)
11-15-56

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